

Medical Economics

OCTOBER
1942





**THAT DETAILMAN SURE
KNEW HIS JOB!**

He came in to see me about infant feeding. I told him that I had been prescribing plain cow's milk modified . . . for over twenty-five years.

Could he show me anything better?

"Yes," said the S-M-A man. "I can and I will. Doctor, did you know that S-M-A* is three ways better than most modified milk formulas . . .

1. S-M-A resembles breast milk.
2. It is nutritionally complete.

3. Easier for the mother to prepare."

At first I was a little skeptical . . . but his story sounded so convincing that I promised to give S-M-A a fair trial. Now, by golly, I'm glad I did. Because S-M-A gives me excellent nutritional results with far less trouble.

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Why don't you try S-M-A in your own practice, doctor? See if you don't like it better.

**Busy doctors
today—prescribe**

*REG. U. S. PAT. OFF.

SMA

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S-M-A, a trade-mark of S.M.A. Corporation, for its brand of food especially prepared for infant feeding—derived from tuberculin-tested cow's milk, the fat of which is replaced by animal and vegetable fats, including biologically tested cod liver oil, with the addition

tion of milk sugar and potassium chloride; altogether forming an antiscorbutic food. When diluted according to directions, it is essentially similar to human milk in percentages of protein, fat, carbohydrate and ash, in chemical constants of the fat and physical properties.

Medical Economics

THE BUSINESS MAGAZINE OF



THE MEDICAL PROFESSION

OCTOBER 1942

Medical Procurement Now Near to Schedule...	<i>H. L. Cord</i>	36
Recruiting lag grows less serious		
Present and Future of Medical Movies.....	<i>H. V. Coryell</i>	38
Distribution is the main problem		
Compulsory Health Insurance.....		42
Highlights of a radio forum		
Government Begins M.D. Resettlement..	<i>F. H. Rowsome Jr.</i>	44
Steps under way to re-locate civilian doctors		
Questions on Service with the Fighting Forces.....		52
Answers to physicians' queries		
What AT & T Stockholders Can Expect.....	<i>R. L. Hoadley</i>	54
The dividend record may go by the board		
Post-War Aid for Demobilized Physicians....	<i>Elsa Gidlow</i>	56
Plans developed to help re-establish practices		
Uniforms and Insignia of Medical Officers.....	<i>C. B. Jones</i>	60
What you need; how much it costs; where to get it		
Radio Appeals Speed Medical Recruiting..	<i>Stephen Greene</i>	67
The Surgeon General's Office broadcasts to doctors		
Speaking Frankly.....	6	Football Accident Plan.... 68
Sidelights.....	27	Letters to a Secretary..... 71
Wishful Thinking.....	35	Good Morning, Nurse!..... 75
The Medicine Show.....	49	The Newsvane..... 136
Care for Soldiers' Wives....	59	Index of Advertisers..... 156

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ENCOURAGING LYMPHATIC DRAINAGE

in Tonsillar and Pharyngeal Conditions

Activity of the muscles of mastication and deglutition is an aid in "sore throat" therapy in two ways: it helps prevent the muscles from becoming stiff and it assists in promoting lymphatic drainage by "milking" action.

Therefore, when you prescribe Dillard's Aspergum for a painful throat condition, your patient receives the topical benefit of slowly liberated analgesic medication at the site of inflammation, *plus* the detergent effect of increased salivary flow, *plus* myokinesis for its lymph-drainage and prevention of muscle stiffness.

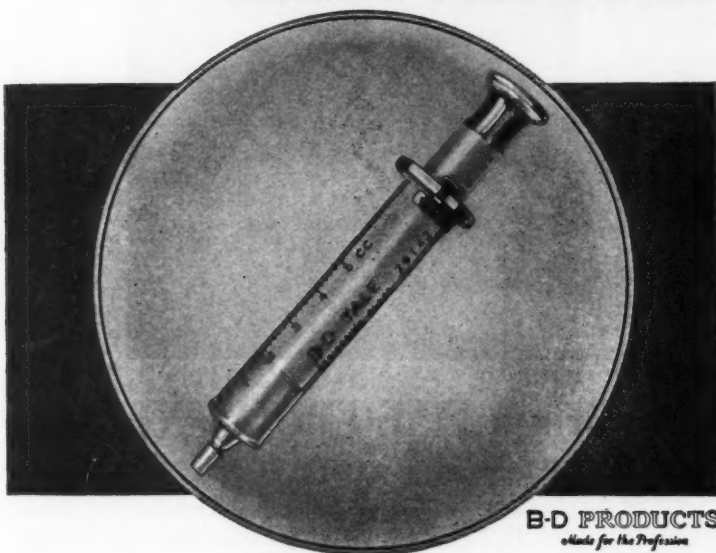
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Each tablet contains $3\frac{1}{2}$ grains of acetylsalicylic acid, incorporated in a pleasantly flavored chewing gum base.

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Made for the Profession

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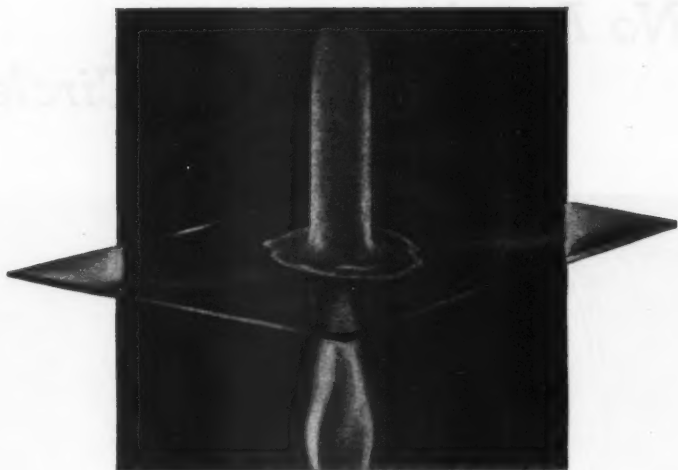
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LOCKS WITH B-D NEEDLES

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To form a FINE EMOLLIENT FILM

When an Anusol Suppository is placed on a piece of plate glass and heated slightly, it will resolve and spread evenly. This demonstrates graphically how Anusol Suppositories melt at body temperature to form a fine emollient film that lubricates the affected rectal area. Thus, by their soothing action, friction is minimized, and congestion subsides. Prompt relief follows, marked by genuine symptomatic improvement, for Anusol Suppositories contain no narcotic or anesthetic drugs that might mask symptoms and give a false sense of security.

For over three decades, physicians have found Anusol effective in the non-surgical treatment of hemorrhoids. Why not observe for yourself the results of its application? Write on your letterhead to the Department of Professional Service for a trial supply. Anusol Suppositories are available for prescription in boxes of 6 and 12.

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THE MASTER GLAND



The Pituitary... "prime mover" in the control of genital development and function

THE anterior lobe of the pituitary gland has been identified as the controlling factor in sexual maturation and function. The isolation of the gonadotropic factor from the pituitary has made possible more specific therapy directed at the source of many hypogonadal conditions.

GONADOTROPIC FACTOR ARMOUR is standardized biologically for potency. Injected intramuscularly, it is especially valuable in hypogenitalism, in some types of sterility and in cryptorchidism. In the latter condition it is often effective alone and may also be beneficial as a pre- and post-operative medication. Where there are evidences of other pituitary deficiencies in addition to the gonadotropic inadequacy,

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In women, gonadotropic factor has produced gratifying results in functional amenorrhea, oligomenorrhea and dysmenorrhea, and in habitual abortion and defective fertility.

DOSAGE—Gonadotropic Factor: In boys, $\frac{3}{4}$ to 1 cc. intramuscularly on alternate days in courses of one month with 60-day rest periods. In adults, 1 cc. daily or 2 cc. on alternate days. In women, two-week courses, beginning on the first day of each menstrual period, are recommended.

Polyansyn: 1 cc. intramuscularly daily or every other day in courses of 30 cc.

Have confidence in the preparation you prescribe—Specify "ARMOUR"

**GONADOTROPIC
FACTOR ARMOUR**

**POLYANSYN
ARMOUR**

(Polyvalent Extract)



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In addition to **GONADOTROPIC FACTOR** and **POLYANSYN**, the Armour Laboratories offer these other pituitary factors:

PROLACTIN ARMOUR
(Lactogenic factor)

**GROWTH COMPLEX
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**ADRENOTROPIC FACTOR
ARMOUR**

**THYROTROPIC FACTOR
ARMOUR**

Complete literature and suggested dosages for any or all of these factors will gladly be sent on request.

Speaking Frankly

Value of Culture

Dr. Morris Fishbein recently cited Osler, Welch, Cushing, Finney, Moynihan, Zinsser, and numerous other luminaries to bear out his thesis that physicians ought to be as cultured as possible. I agree. But I don't need luminaries to prove it.

Laymen often think of the doctor as a person of cultural richness who reads classics, enjoys music, engages in witty conversation, and is on intimate terms with Aristotle. Whether or not this mental picture is accurate isn't material. What's more important is the fact that the men who enjoy the best practices generally give the public the impression of being scholarly and cultivated. To put it inelegantly, a seat at the symphony does more for a doctor's reputation than does a seat at a prize-fight.

M.D., New Jersey

Bottles Belled

Whenever I prescribe or dispense any potentially dangerous medication, I present the patient, or a member of his family, with a miniature sleigh-bell. I am referring to the kind of toy bell which has a small piece of string

attached, and which is commonly available in the 5 and 10 cent stores. The idea is to tie the bell to the neck of the bottle so that there will be a warning tinkle whenever any one touches the medicine.

I find that this banishes the old medicine-chest bogey about the risks of taking down the wrong bottle in the dark. It seems a small thing to tell patients to take such precautions, but if just one life is saved it is certainly worth while.

Edward S. Dougherty, M.D.
Ashley, Pa.

Instrument Pool

I have a suggestion to make. There is a shortage of medical and surgical instruments at the present time because of war needs and shortages of materials and skilled workmen. Many doctors taken into the army have stored away their instruments for the duration. I suggest that some Government agency (or perhaps some medical organization) should purchase these instruments at reasonable prices. A tremendous pool of instruments could be built up from those owned by the thousands of doc-

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IN ANEMIA IT'S **IRON** *Utilization*

Not the amount of iron ingested but the quantity utilized, determines hemoglobin response. Iron, given alone, tends to accumulate in the system, a large part being excreted unused.

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Widely prescribed in nutritional anemias of children and adults. Soluble and non-irritating. It is pleasant to take in beverages. Two strengths—"A" for adults, "B" for children. Licensed by Wisconsin Alumni Research Foundation. Write for samples and literature, Dept. 1.

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Mount Vernon
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COPPERIN



tors now in the services. If our Government couldn't use them, the British, Russian, Chinese, and other allied governments most certainly could use these valuable tools.

Many doctors have placed their instruments and equipment in storage because of the low market value at present and because of a fear that postwar prices will be very high. The agency which undertook to build this pool could point out that the government would make available to doctors after the war the vast amount of unneeded war material which would then be on hand.

Alexander Winter, M.D.
New York, New York

P & AS Categories

It occurs to me that the Procurement and Assignment Service makes a mistake in the way it flatly classes a young physician as either available or unavailable for military service.

This compartmentalization isn't accurate. There are *degrees* of availability. Dr. A. and Dr. B. may both be practicing in a community that can spare them; but one man may have four or five dependents and the other may have none. In such a case it isn't reasonable to class both as available and to expect both to volunteer for military service with equal promptness.

No man is permanently essential to his community; he is only temporarily essential—until a replacement can be found for him.

It's **SERVICE** *Today!*

WITH the increasing demands being made upon the physician's time and energy, the inherent qualities of accuracy and dependability—the crux of Baumanometer service—are contributing factors towards greater community protection.

Call-backs, made necessary by faulty, inaccurate equipment, are time-consuming, annoying . . . in many instances costly. Thus the ability of a Lifetime Baumanometer to provide accurate, trouble-free bloodpressure service, is of even greater importance today . . . it serves to lighten the physician's burden.

Over 250,000 Baumanometers now on active duty on the war and home fronts attest to the outstanding professional endorsement these quality instruments enjoy. The subject of bloodpressure is vital. You are truly deserving of Baumanometer service today.

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Lifetime
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STANDARD FOR BLOODPRESSURE

THE THERAPEUTIC USES OF WINE

(mailed free upon request)

There has developed an interest within the medical profession that the true physiologic and therapeutic uses and deficiencies (and also the food values) of wine be authoritatively reviewed. Such a review has been prepared in monograph form by qualified and competent medical authorities and constitutes a summary of the pertinent scientific literature of present-day medicine.

The contents include sections on wine as a food, and the actions of wine on the gastro-intestinal system, the cardiovascular system, the genito-urinary system, the nervous system and the muscles, and the respiratory system. The uses of wine in diabetes mellitus, in acute infectious diseases and in treatment of the aged and convalescent are also discussed. The value of wine as a vehicle for medication is dealt with, and an important section on the contraindications to the use of wine is included. An extensive bibliography is presented for those who may wish to pursue the subject further.

This review results from a study supported by the Wine Advisory Board, an agricultural industry administrative agency established under the California Marketing Act, and has been sponsored by the Society of Medical Friends of Wine.

Members of the medical profession are invited to write for this monograph. Requests should be made to the Wine Advisory Board, 85 Second Street, San Francisco.



Certainly some men are easier to replace than others, and the category of essentiality should take this into account.

The P & AS should set up a series of classifications so that at least some of these variations can be taken into account. Perhaps a set of classes like the draft law's 1-A, 3-A, 3-B categories would do the trick. I believe this would be much fairer than the present system.

M.D., New York

The only agency empowered to pass upon a doctor's dependency status is selective service. As visualized by the government, the Procurement and Assignment Service has no draft power and no concern with an individual's dependents, his financial circumstances, or his physical condition. Its function is only to advise whether or not a physician is essential to the maintenance of adequate medical care in his community. If the P & AS adjudges him non-essential, a decision on the other points remains up to his local board.

The Whole Patient

Not long ago a "Speaking Frankly" letter asserted that specialists have excluded general practitioners from control of our profession. Here are some other aspects.

I recently treated a patient for a minor injury. On the day he came back to my office for dressings he had already seen a GU specialist for a minor, simple

treatment which I do every day in my own practice. And on that same day he had *also* visited a nose and throat specialist for another simple treatment which any G.P. frequently does. The important consideration is that no two of the three physicians concerned were cooperating with each other in the treatment of this patient as a whole.

I believe that a patient's interest would be better served if specialists were required to cooperate in every case with some general practitioner who considers the patient as a complete entity. In fact, a patient would be far better off to have a G.P. do specialist treatment rather than have a specialist treat con-

ditions without consideration of other factors involved.

Here is another example:

A woman I know of was in a sanitarium, being treated for a psychosis by a psychiatrist of excellent repute. He was unable to achieve favorable results. The reason was that this patient had never been given a complete physical examination; when one was made and endocrine therapy given, she was restored to good health.

M.D., Missouri

Over-Age Ex-Officers

As a one-time medical officer, it has seemed to me poor logic for the surgeon general to place a fixed age limit on physicians

DIRECT ACTION IN PSORIASIS

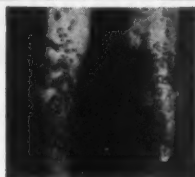
Direct efficient action against the unsightly lesions is what is needed in treating psoriasis. RIASOL provides that direct action.

RIASOL is efficient. Clinical studies have shown that it is highly effective, acts faster and is safer to use. Its direct action reduces recurrences in most cases. Non-staining and easy to apply, RIASOL may be applied to any part of the body. Patients cooperate fully on RIASOL therapy.

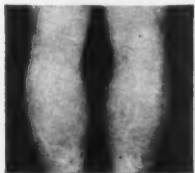
FORMULA: 0.45% mercury chemically combined with soap, 0.5% phenol and 0.75% cresol in an oily emulsified liquid.

Apply once daily, preferably before retiring, after bathing and thoroughly drying the skin. Available at pharmacies or direct in bottles of 4 and 8 fluid ounces.

Advertised exclusively to the medical profession. For generous clinical package, mail coupon today.



(Before Use of Riasol)



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Please send me professional literature and generous clinical testing bottle of RIASOL free of charge.

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..... Street

City State

Druggist

Address





Look, Doctor! I'm a baby M.D. too!

In Swan's case, the M.D. stands for "Doctor of Mildness."

It's a distinction that any soap used for babies ought to have. And if we can judge by reports—and it's impartial laboratory reports we're referring to—Swan is not



only mild, but milder than the finest imported castiles!

You'd expect a soap for babies to be pure, too. And Swan is. This new white floating soap has no harmful alkalis, no free fatty acids, no coloring matter, no

strong perfume. In fact, your patients just can't buy a *purer* soap.

Nor, we believe, can they find any floating soap anywhere that can match Swan in certain other respects.

This first really new white floating soap in over fifty years suds faster. Especially in hard water, Swan gives richer, quicker, longer-lasting suds. And—Swan gives more real soap per penny than any leading toilet soap tested!

When patients ask you to recommend a pure, safe soap, we believe you'll find Swan meets *all* your requirements.

TRY SWAN YOURSELF. We think just one cake will prove that Swan's as fine an all-round soap as you could want—for both home and professional use.



SWAN PURE, WHITE SOAP

MADE BY LEVER BROS. CO., CAMBRIDGE, MASS.



FOR THE INFLAMED THROAT

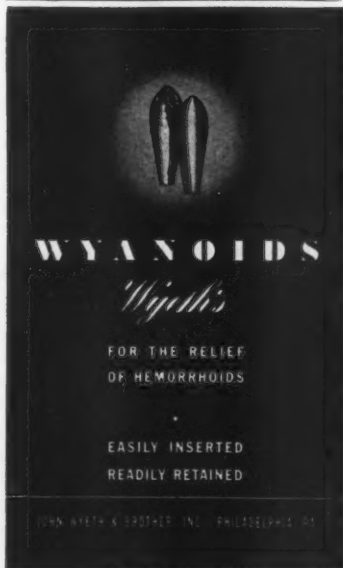
Cēpacol is rapidly effective against pathogenic bacteria, and at the same time, acts as a non-toxic, mildly alkaline cleansing agent with remarkable mucus-clearing detergent action. Allays irritation. Soothes inflamed tissues.



Pleasantly flavored, Cēpacol is refreshing as gargle or spray. Supplied in pints and gallons.

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THE WM. S. MERRELL COMPANY
Cincinnati, U. S. A.



called to the colors. I'll concede that the wastage in field service among the older physicians is probably higher, due to the physical demands. There are, however, many necessary posts to be filled in which doctors who saw service during the last war could be of considerable benefit.

We ex-officers know that we cannot pass along the actual experience we have gained. But we do feel that we could be of value because of our experience. We know mud, blood, discomfort. We saw plenty of unnecessary suffering the last time. Now we feel rather like shirkers in that we cannot use our experience to prevent that suffering once more.

Under present policies, the army is calling up many physicians who are at the age of greatest earning capacity and maximum usefulness on the home front. Barred are many who have passed that time but who are physically more able to carry on in essential army duties than they are to assume the extra burdens that the absence of younger physicians will throw upon them.

Nathaniel P. Brooks, M.D.
Croton on Hudson, N.Y.

Diathermy Machines

Not long ago the Federal Communications Commission cracked down on physicians with an order for the registration of all short-wave diathermy machines. I'd like to know what steps the government has taken to supervise machines which are *not*



For his patients' sake, every physician who prescribes Vitamin B Complex therapy should taste Eskay's Pentaplex.

ESKAY'S PENTAPLEX is a palatable, appetizing elixir, compounded from five important factors* of the Vitamin B Complex in their crystalline forms.

The choice of Eskay's Pentaplex as your routine B Complex therapy will spare your patients the taking of yeast or liver preparations which many of them can scarcely tolerate.

**Thiamine hydrochloride, riboflavin, nicotinic acid, pyridoxine hydrochloride and pantothenic acid.*

SMITH, KLINE & FRENCH LABORATORIES, PHILADELPHIA, PA.

owned by doctors. What about apparatus used by osteopaths, chiropractors, cultists, beauty-shop operators, etc? Has the FCC overlooked these machines—or is it that only doctors are suspected of using diathermy apparatus to wireless enemy subs?

Another thing: How soon will it be before M.D.s will have to submit to strict regulations regarding the hours during which this apparatus may be used?

M.D., New York

MEDICAL ECONOMICS asked the Federal Communications Commission to comment on these questions. Here are excerpts from its reply:

"There are no exceptions outside of recognized Government

agencies to the application of this order. Every means has been taken. . .to reach all possessors of diathermy apparatus so that they may have knowledge of the regulations. Your correspondent has an erroneous impression when he asks whether only physicians are suspect. The action is simply a precautionary measure without reference to any suspects; there is more concern over possible interference with necessary communications than there is over possible subversive use. From [the former] standpoint every user of diathermy is 'suspect.'

"The question of regulating hours of diathermy operations has not at this time led the commission to consider a more strin-

Through The Menstrual Years of Life-

THE frequency with which the menstrual life of so many women is marred by functional aberrations that pass the borderline of physiologic limits, emphasizes the importance of an effective tonic and regulator in the practicing physician's armamentarium.

In Ergoapiol (Smith), the action of all the alkaloids of ergot (prepared by hydro-alcoholic extraction) is synergistically enhanced by the presence of opiol, oil of savin, and aloin. Its sustained tonic action on the uterus provides welcome relief by helping to induce local hyperemia, stimulate smooth, rhythmic uterine contractions, and serve as a potent hemostatic agent to control excessive bleeding.

May we send you a copy of the comprehensive booklet "The Symptomatic Treatment of Menstrual Irregularities."

MARTIN H. SMITH COMPANY
150 LAFAYETTE STREET, NEW YORK

ERGOAPIOL

••THE PREFERRED UTERINE TONIC••



Long after summer vacations are over, the physician sees numerous chronic cases of trichophytosis. Neglected or improperly treated by self-medication during the vacation months, many of these fungus infections become quite serious and more resistant to therapy.

Obviously, chronic and neglected cases of athlete's foot and trichophytosis affecting other parts of the body require a treatment of unusual effectiveness—one that combines fungicidal efficiency, antipruritic action and convenience of use. Such a product is available in KORIAM.

Laboratory tests show that KORIAM kills trichophyton gypseum in ten minutes. Unlike many other preparations, KORIAM works IN the skin. It does not lie inertly on the skin surface but pursues the parasites through the superficial epidermal layers to get at and destroy the embedded fungi.

Being antipruritic, KORIAM quickly relieves the often intense itching, hence hastens healing by obviating infection-spreading scratching. Dispensed in a special non-fatty vanishing type base, KORIAM is easy, pleasant and convenient to use, disappears rapidly into the skin, is greaseless and stainless to both the skin and clothing.

KORIAM is a strictly scientific, ethically advertised, professionally labeled product.

FORMULA: 3% benzoic acid, 5% salicylic acid, 3% benzocaine, 0.25% menthol crystals and 0.5% methyl parahydroxybenzoate in a special non-fatty vanishing type base.

SUPPLIED: Through regular drug channels in tubes containing 1 oz. net weight.

Professional literature available to physicians on request.

It's Trichophytosis

KORIAM

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A.A.A.A. For the relief of the itching, smarting and burning of simple hemorrhoids.

Antispasmodic Astringent
Analgesic Antiseptic

Samples free to physicians upon request.
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Norwich

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professional apparel
designed to fit the budget
without sacrifice of quality



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- PHYSICIANS TROUSERS*
- SPECIALISTS GOWNS*
(*garments of sanforized 8 oz. Duck)
- INTERN SHIRTS of finest quality Twill cloth.
- LABORATORY COATS, practical, wear-resistant.
- ACCESSORY APPAREL

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Write for our new catalog of styles and compare our favorable prices.

WHITE ROCK UNIFORM SHOPS, INC.

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New York, N. Y.

gent order. Should the situation become so serious that such action is required, the commission will of course take whatever steps are necessary."

Clinic Abuse

Abuse of the free clinic privilege by non-indigent persons quite able to pay ordinary physicians' fees can be drastically reduced by a simple expedient.

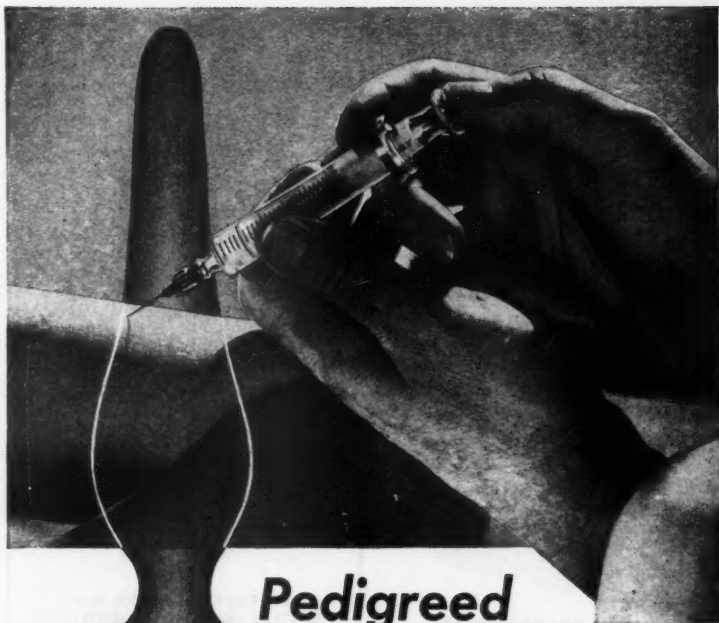
In my community the nearby clinic requires each applicant for non-emergency treatment to get his family doctor's signature on a standard form, stating that he is unable to pay for medical care. Time was when anyone who brought such a blank for my signature put me at a disadvantage. Refusal to sign might make me appear heartless and mercenary.

Today, however, when an applicant asks for my signature, I explain that since his financial status is unknown to me, I must first have a letter from his employer stating that the patient is unable to pay. The extent to which this curbs unjustified clinic service can be readily seen.

M.D., Arkansas

Pictures in this Issue

Cover, Fritz Henle from Ewing Krainin; pages 38 and 40, Davis & Geck; 41, Bell & Howell; 44 (bottom) Wide World; 55, Edward Quigley; 56 and 57, Herbert Bielefeld; 60 (top) Acme, (bottom) Ted Leigh, M.D.; 62 (top) U.S. Navy, (bottom) Acme.



Pedigreed

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PURE SOLUTION OF LIVER

B₁₂ LIVER & IRON

CALCIUM GLUCONATE

AMPACOID'S TESTICLE

AMPACOID'S PROSTATE

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EFFICACY and safety are bred in every R & C hypodermatic solution. Behind their preparation in an immaculate new laboratory, employing modern equipment under the most rigid supervision, lies a heritage of over eight decades of responsible service by Reed & Carnrick to the medical profession.

This combination of factors assures not only clinical dependability in parenteral therapy, but a high measure of economy—achieved through experienced operating efficiency that yields savings, passed along in the form of materially lower prices. It pays to specify R & C.

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RY-KRISP, a whole grain bread, is helpful in low-calorie diets; only 23 calories per wafer. A safe bread in allergy diets because it contains no wheat, milk or eggs.

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your three booklets.

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Diets ☐ Whole Grains

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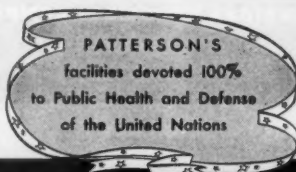
X-Ray today has many newer roles than that of assisting the medical profession. Flashing through inches of steel to reveal interior flaws in a pressure vessel . . . guarding against weak spots in a battlewagon's armor plate . . . lifting the mask from doubtful portraits by an "old master".

But still *the most important* is the day-by-day job of X-Rays in preserving health and combating disease. Today, this job takes on new significance. For, as essential as the strength of our fighting men at the front is the health of our home army who forge their weapons.

The fluoroscope has a vital part assisting you in the

nation's health program. And the X-Ray equipment and supply manufacturers have a vital responsibility in maintaining the quality and quantity of your "weapons".

Ever mindful of its obligation to the medical profession in both military and civilian services, Patterson has increased its vigilance over every step of production. Research and manufacturing facilities are keyed to the demands of the war emergency. And so, Patterson Screens in all types of service, and under every operating condition are giving the unexcelled performance expected of them.



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TOWANDA, PA., U. S. A.

Patterson X-Ray Screens

The "AMERICANAIRE" GERM KILLER in action!



ILLUSTRATING the effect produced in a darkened room when the Americanaire Ultraviolet Air Sterilizer projects its beam of concentrated energy across the room—above the eye level of the room occupants.

This powerful concentration of energy is made possible by the Americanaire Reflector, a feature of basic importance. Natural air currents convey existing organisms within the range of this concentrated energy for quick destruction—with no danger to the room occupants.

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The Nursery
Children's Wards
Isolation Wards
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and
The Physician's Office

Investigate this health-conserving equipment today.

Ask your dealer or write us direct.



AMERICAN STERILIZER COMPANY · ERIE, PA.



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them because they all like and for every family likes it.

HEALTH HINTS

DEAR DOCTOR:

Just for fun I cooked up a whole package of Cream of Wheat to see how many bowls I'd get. There were 40, which figured out to less than a penny each. But tell me, doctor, what do I get for my money in the way of extra minerals and vitamins?

—SKEPTIC.

DEAR SKEPTIC:

Every ounce of "Enriched 5-Minute" Cream of Wheat gives you as much Vitamin B₁ and more phosphorus, calcium and iron than whole wheat.* What's more, this delicious cereal is

completely digestible—even for babies—after only 5 minutes cooking. Also on sale at your food store is "Regular" Cream of Wheat, the preferred hot wheat cereal for nearly 50 years. Both give you a lot of goodness, as well as a lot of servings, for your money!

—M.D.

*Every ounce of "Enriched 5-Minute" Cream of Wheat contains in average amounts: 50 International Units of Vitamin B₁, 168 mg. of phosphorus, 143 mg. of calcium, 12 mg. of iron.

need more kinds because it's

"Cream of Wheat" and Chef Trademarks Reg. U. S. Pat. Off.

**TO DIETITIANS . . . NURSES . . . DOCTORS . . . and all concerned
with today's Victory Nutrition Program . . .**

*There's good news for these
lunch packers in delicious,
nutritious NUCOA!*

Boston Post 8/10/42

OPEN DRIVE FOR BETTER LUNCHES

Wives of War Workers Told How They Can Do Their Share by Packing Right Kind of Food

WASHINGTON, Aug. 9 — Memo to wives of war workers:
Pack those lunch pails carefully, ladies. They carry a powerful punch—14,000 direct from Paul V. McNutt, administrator of the defense health and welfare services and chairman of the War Manpower Commission.

Pointing out that 24 million man-hours are being lost monthly on the production front, McNutt blamed much of the loss of improper nutrition. He announced today that a national industrial nutrition programme will be launched to conserve man-

power as well as increase war production. "At least 80,000,000 working days can be saved this year if war workers keep fit," the manpower chief said, adding that this could be translated into the aforementioned members of planes, ships and tanks.

The problem will be attacked on three fronts—in the industries, in homes and in communities—McNutt said. Chief among these he listed as the home "where 8,000,000 lunches are packed for war workers every day. A big war job for American women is to see that these lunches contain the right food, prepared to provide strength and health protection for American soldiers of

• THESE DAYS . . . with more lunch boxes being carried than ever before . . . with the lunch box representing a *third* of each day's opportunity to balance the diet for Good Nutrition . . . NUCOA fits ideally into the picture.

1. AS ONE OF THE "VITAMIN-RICH SPREADS" included in U. S. Nutritional Food Rules. NUCOA supplies as much food-energy as butter (3,300 calories per pound) and its VITAMIN A value is guaranteed. Winter and summer, never less than 9,000 VITAMIN A units in every pound!

NUCOA's easily creamed, evenly smooth texture saves time in spreading sandwiches. It is never "flaky," even when cold. And economical NUCOA can be spread generously, to prevent moist fillings from soaking into the bread.

2. AS A NUTRITIOUS SEASONING. NUCOA's delicious flavor makes cooked vegetables more attractive. The chief ingredients of NUCOA—pure vegetable oils churned in fresh pasteurized skim milk—are products of American farms exclusively. And NUCOA

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ONE OF AMERICA'S GOOD

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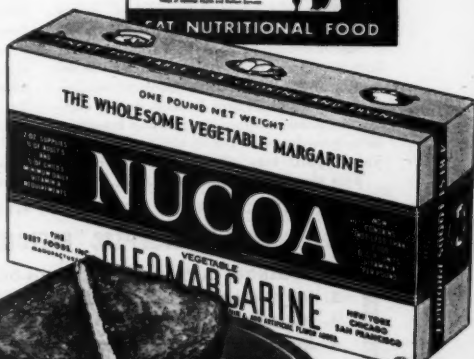
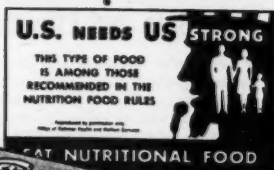
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is freshly made the year round on order only—never held in storage.

3. AS A FLAVOR-SHORTENING WITH VITAMIN A. NUCOA gives luxurious goodness which only a table-quality spread can give to cooking—without high cost! Makes cakes, cookies, breads, and pastries extra nutritious lunch-box treats!

Savings on NUCOA—about enough per pound to buy a quart of milk—leave family budgets more to spend on other "Good Nutrition" foods. Why not make first-hand acquaintance with NUCOA yourself? You'll then have no hesitancy in recommending NUCOA wherever it can further the success of our Victory Nutrition Program.



NUCOA

A'S GOOD "PROTECTIVE" VITAMIN A" FOODS

ARGYROL



Impaired Acuity



Tampon Insertion



Suffusion



Tampon Removal



Decongestion



Improved Acuity

DECONGESTION WITHOUT VASOCONSTRICTION

Safe and Effective Mucous Membrane Therapy

● The ocular suffusion and decongestion incident to the Dowling tampon treatment indicate that ARGYROL'S action is physiological as well as chemical—that it marshals to its aid many of the natural defensive processes in combating infection.

The insertion of an ARGYROL tampon into the nose, often produces an intense injection and suffusion of the conjunctiva followed by decongestion. Indeed, ocular congestion present *before* the tampon insertion is frequently improved by this method, and visual acuity may be rendered more acute.

This then is evidence of ARGYROL'S

ability to achieve decongestion not only of the nasal blood vessels, but of the entire head, *without resort to powerful vasoconstriction*. Add to this, ARGYROL'S freedom from irritating properties in any concentration from 1% to 50%, the fact it is non-injurious to the cilia, its ultra fine colloidal dispersion and highly active Brownian movement, its controlled pH and pAg, and its remarkable detergent and soothing properties, and you have a few of the reasons why ARGYROL is the overwhelming choice of specialists in treatment of mucous membrane infections.

A. C. BARNES COMPANY, NEW BRUNSWICK, N. J.

ANTISEPTIC EFFICIENCY PLUS

1. SOOTHING AND INFLAMMATION-DISPELLING PROPERTIES
2. NO CILIARY INJURY—NO TISSUE IRRITATION
3. NO SYSTEMIC TOXICITY
4. NO PULMONARY COMPLICATIONS
5. DECONGESTION WITHOUT VASOCONSTRICTION

SPECIFY THE ORIGINAL ARGYROL PACKAGE



Sidelights

Is a medical society a scientific and educational organization? Or is it a business league?

Decisions of the Treasury Department have caused medical groups to wonder. The income tax law requires organizations claiming exemption to file affidavits showing their character, purpose, activities, and sources and disposition of income. Scientific groups, to qualify for total exemption, must show that no substantial part of their activities concerns attempts to influence legislation. On the other hand, business leagues, which enjoy fewer tax privileges, may engage in all the politics they like.

Societies must file returns until their status is determined officially. Many medical groups have found that the Treasury often bases its opinions upon a phrase in the law which says that organizations must be *exclusively* devoted to scientific, literary or educational pursuits in order to be entitled to full exemption.

At any rate, the Treasury hasn't been consistent. When the medical societies of two adjacent mid-western States applied for exemption, it decided that one was

exclusively a scientific organization, therefore completely tax-free, and that the other was a business league, exempt from income taxes, but subject to social security and excise levies.

The A.M.A. was first declared a scientific body, then reclassified as a business league. The ruling was contested, and finally the A.M.A. was restored to its original status.

The individual physician is affected too. If his society is viewed as a scientific organization, his dues are a deductible item on his personal income tax return. If his society is classified as a business league, he can't claim exemption for dues.



Hospital costs are spiraling upward—along with costs of labor and commodities. From \$5.89 per patient per day in the first six months of 1937, these costs rose to \$6.39 in the corresponding period of 1941 and to \$6.97 in the same period of this year—finally reaching \$7.22 for the month of June 1942.

The cause is not hard to find. The 48-hour week for nurses and

the 40-hour week for labor increased payrolls by 20 per cent in the period from 1935 to 1939 and the high wages paid in industry have caused a like increase between 1939 and the present.

It's true that the price index of commodities purchased by hospitals declined from 81.2 in 1937 to 75.0 in the fiscal year ended June 30, 1941. But for the month of June 1941 it rose to 83.4 and by June 1942 it stood at 97.1.

Hospitals have for the most part done everything they can to cut corners. Old, crippled equipment has been repaired to make it do for the duration. Both personnel and staff have been urged to save dressings, sutures, and other materials. New rubber gloves are guarded zealously and old ones are patched to make them last as long as possible. Kitchen, power plant, and laundry are watched for every possibility of saving.

Probably it is the doctor who can contribute most to economy. He can avoid requesting unnecessary services and supplies for his patients. He can prevail upon

them to accept gracefully such curtailments of service as the hospital finds necessary. He can limit his demands on personnel.

But the cold fact remains that these economies will not solve the increasing-costs problem. There remains little to do but to raise prices. Hospital administrators lean backwards to avoid this, but it seems inevitable.

Some hospitals have already made increases of from 10 to 15 per cent—in one case, 25 per cent. They have encountered little objection. Apparently, a public that sees its grocery bills, clothing bills, and income tax skyrocketing and the dollar getting cheaper day by day tends to accept the French philosophy of "*C'est la guerre*" or the more homely Yankee advice: "Let the tail go with the hide."



Rubber shortage note: When rubber bands became scarce at a Philadelphia hospital, nurses solved the problem by cutting circlets from the cuffs of rubber gloves discarded by surgeons.

Have you tried the new
ANALGESIC OINTMENT with the **WASHABLE BASE**


Salicylic and hyperemic action particularly effective in pain of muscle, nerve, or joint—of congested throat or chest. Clean—stainless—washes off with water. Send for free samples.

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THE NEW APPROACH TO ADJUSTMENTS IN

Smoking Hygiene



● The new opportunity for patients' cooperation

● The value of keeping special case histories

THE relationship of nicotine intake to certain sub-clinical symptoms is of interest to the physician.

Time was when clinical observation in such cases was difficult. Patients were reluctant to fall in with limitations on smoking.

Now your recommendation of slow-burning Camels* is a simple step towards securing this cooperation. Millions have found an added "pleasure factor" in Camel's special mildness and unusually fine taste.

In anticipation of more accurate data

when adjusting smoking hygiene, we suggest that you keep a separate file of these case histories. This may lead to interesting conclusions.

★

**The Military Surgeon*, Vol. 89, No. 1, p. 5, July, 1941

J.A.M.A., 93:1110—October 12, 1929

Brückner, H.—*Biochemie des Tabaks*, 1936

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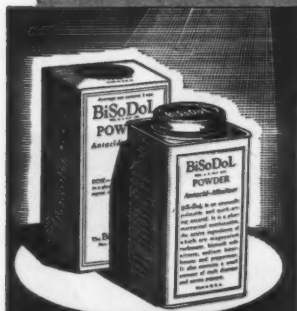
"THE CIGARETTE, THE SOLDIER, AND THE PHYSICIAN," *The Military Surgeon*, July, 1941. Reprint available. Write Camel Cigarettes, Medical Relations Division, 1 Pershing Square, New York City.

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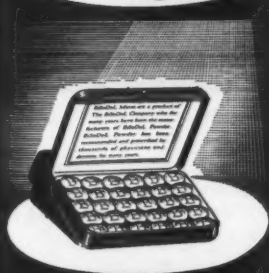
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helps bring prompt relief in most cases of digestive upset resulting from an excess of stomach acidity.



POWDER. One level teaspoonful of Bisodol powder is a rational and effective method of reducing gastric hyperacidity. Bisodol provides temporary relief from so-called acid indigestion, and after-meal discomfort associated with heartburn and belching.

Regular size



MINTS. Bisodol is also supplied in mint form, handy for the pocket. Your patients will like the ease with which these pleasant tasting mints can be carried and used for after-meal distress.

30 tablets in the box



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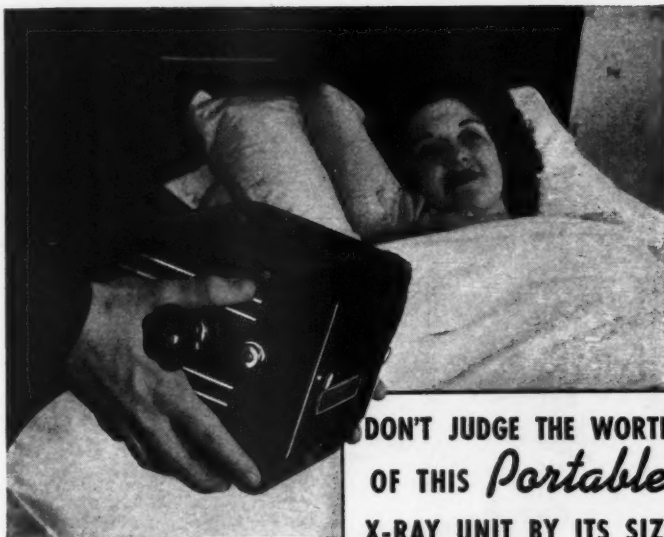
The large or hospital size of Bisodol in powder form is ideal for economical dispensing in the doctor's office or hospital.

Professional samples on request

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POWDER • MINTS

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**DON'T JUDGE THE WORTH
OF THIS *Portable*
X-RAY UNIT BY ITS SIZE**

BECAUSE the G-E Model F-3 Office-Portable X-Ray Unit seems so small in size, and its price is so moderate, don't overlook its practical diagnostic range and its ability to produce radiographs of high quality.

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Think what a valuable assistant the F-3 could be. Then, why not do as hundreds of value-wise medical men did? Judge the F-3 strictly on performance. See this fine unit right in your own office. Then you can actually use and handle the F-3 just as you would in your daily practice. And you'll get first-hand information about its refined, simplified control and its unusual flexibility.

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I'm interested in an actual working demonstration of the G-E Model F-3 Office-Portable X-Ray Unit. When next in this vicinity, please have your representative arrange with me for a time most convenient to me.

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MORALE IS A LOT OF LITTLE THINGS

(as you, Doctor, know better than most)

THERE'S MARY in her new Fall hat . . . looking like a bride again.

"Sa-a-ay!" Joe says, "You ought to be in pictures!"

And that's worth more than orchids—to Mary. That's one of the little things that make *big* differences to all of us.

Little things . . . nice trifles . . . simple pleasures . . . that make your good days better, help you through the bad ones. That's what keeps you smiling. That's *morale*.

* * *

It happens that millions of Americans attach a special value to their

right to enjoy a refreshing glass of beer . . . in the company of good friends . . . with wholesome American food . . . as a beverage of moderation after a good day's work.

A small thing, surely—not of crucial importance to any of us.

And yet—morale is a lot of little things like this. Little things that help to lift the spirits . . . keep up the courage.

And, after all, aren't they among the things we fight for?





Every cell in the body demands its regular supply of B Complex for normal functioning.

The metabolic requirements of the individual cell are for *Whole Natural B Complex*, rather than mixtures of synthetic factors:

BEZON*

WHOLE NATURAL VITAMIN B COMPLEX

supplies *all* the components of B Complex, derived entirely from natural sources. Not all of the components of Vitamin B Complex can be synthesized, which explains why Whole Natural B-Complex is superior.

For all routine diet supplementation, be sure of completeness as well as high potency, by prescribing BEZON.

Average dose: 1 capsule a day.

BEZON is made only in the distinctive two-color gelatin capsule—bottles of 30 and 100 capsules.

Samples and literature available on request.

Products of Nutrition Research Laboratories are promoted only through the medical profession.



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Chicago, Illinois

**You'd See the Need of
CONSERVATION**



if Needles were This BIG!

Because no single needle requires much brass, nickel or steel, conservation may not seem important.

But the sum total of all needles used by physicians, hospitals and the armed forces is an impressive amount. It contains great quantities of these strategic metals, vital to victory.

That's why it is important to help conserve needles—especially if it can be done without impairing their usefulness. So we have contributed our knowledge gained in a quarter of a century of making needles to perfecting a New Needle Conservation and Protection Plan.

This Plan is designed to assure

Longer Life for Hypodermic Needles; to minimize breakage; to secure maximum usefulness under all conditions. It explains how to protect points and edges during sterilization. It includes a plan for selecting the right needle for the right use. In short, it shows the way to get longer-life from your present needles and those you may buy in the future.

A complimentary copy of this New Needle Protection Plan will be sent you, with our compliments, doctor. Just write your request on your prescription pad. No cost; no obligation. This is just one small way in which we can contribute to the war effort while serving the many thousands of VIM Needle users throughout the nation.

Your copy of the VIM Needle Protection Plan will be sent post-haste upon receipt of your request, doctor—fully illustrated, to show you how to get Longer-Life Usefulness and better performance from VIM Needles.



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MacGREGOR INSTRUMENT CO., Needham, Massachusetts

Editorial

Wishful Thinking

Some practitioners appear to believe that the financial difficulties threatening the demobilized medical officer after the war can be circumvented now by his colleagues at home. Enough money, they say, can be raised by the civilian profession to re-establish in private practice most doctors subsequently discharged from military service. At the same time, they add, patients can be prevailed upon to return to the practitioners who took care of them before the war.

Maybe. But before we anesthetize ourselves completely on this score, let's look at the facts.

Hugh Johnson used to say that a government bureau is the nearest thing to immortality. One of the furthest things from it is a medical clientele. When a patient switches doctors, either from choice or necessity, it's ten to one he'll never switch back again.

A news article elsewhere in this issue describes an effort now being made in San Francisco to create a fund to help physicians set themselves up in practice again

after the war. The sponsors of this move have a laudable objective. So had the sponsors of the League of Nations. It was a great idea, but it wouldn't work.

A few humanitarians will always dig down to help their needy associates. But to expect a medical society of 450 members to contribute \$54,000 for the benefit of 100 demobilized colleagues reflects a degree of credulity that is almost unbelievable.

No straight-thinking medical officer expects charity from his civilian colleagues. What he does expect, and should get, is their wholehearted cooperation in other ways when the task of building a private practice again confronts him.

Post-war visions of patients flocking back to their former doctors and civilian physicians subsidizing their demobilized associates are so much wishful thinking. The sooner we wake up to this and adjust ourselves accordingly, the better.

—H. SHERIDAN BAKETEL, M.D.

Medical Officer Procurement Is Now Near to Schedule

*Censorship hides facts, but officials say
medical recruiting rate is maintained*



With exact figures on the progress of medical recruiting now banned at least temporarily by censorship, Procurement and Assignment Service officials are confining themselves to such statements as "In general the program is going well enough." Nearest approach to a specific and official figure came when a procurement service executive was asked by MEDICAL ECONOMICS if the necessary recruiting rate of 3,250 doctors a month for the remainder of 1942 was being maintained. The answer: "We are on schedule on the average, though certain States are still behind in their expected contributions."

Assuming that the armed forces' mid-Summer procurement schedules were being met precisely on September 1, there were by that date approximately 26,750 physicians in the army, and somewhat more than 6,000 physicians in the navy. When last officially announced, the year-end goal for both services totaled 42,000 doctors.

QUOTAS

Procurement spokesmen reveal

that quotas of doctors expected to volunteer from each State are constantly being revised in accordance with data supplied by the War Manpower Commission. Recent heavy shifts in the labor population (migratory workers moving with the crops and industrial workers shifting from areas of unemployment to war-industry centers) mean that the number of doctors who are essential for adequate civilian care also varies. This readjustment of quotas is guided by a desire not to throw an unfair burden on the profession in war-production centers, where doctors are held to be as vital to the war effort as the medical corps is to the army.

M.D.—SOLDIER RATIO

At this writing the army is swinging into action on its program of re-assigning to actual medical duty many of the medical officers who have been serving in administrative posts (see "Does the Army Waste Its Medical Skill?" in June 1942 MEDICAL ECONOMICS). So far only a few hundred physicians have been made available for field service

by this method—not enough to have substantial effect on the ratio of 6.5 medical officers per thousand men. It's expected, however, that the proportionate number of doctors needed will decrease slightly as the Medical Administrative Corps commissions increasing numbers of laymen.

To take over the administrative posts vacated by doctors, the army is both drawing from non-commissioned medical corps ranks and commissioning men with experience in hospital management. The army anticipates that before long the MAC officer-candidate schools will be producing enough graduates to free a large number of doctors from serving as adjutants, inspectors, mess officers, etc.

UNAPPROVED GRADUATES

The present army policy on granting commissions to candidates who have graduated from unapproved medical schools is that they are eligible if they can meet the other requirements, can pass their State board examinations, and can obtain the endorsement of their State medical societies. Asked to explain how this policy is actually being put into effect, the Surgeon General's Office reports that these cases are now being handled on a basis of individual merit. Says one high-ranking medical officer:

"Some unapproved schools graduate physicians who have every right and qualification for commissions, while other schools

do not. Commissions for class A graduates are given on a basis of individual merit, and commissions for unapproved graduates are now handled in the same way, though with more careful screening."

ENEMY ALIENS

The medical corps still shies away almost entirely from the commissioning of physicians who are citizens of enemy or enemy-allied countries, regardless of their sworn allegiance. Commissions are being granted to men from co-belligerent countries, of course, and to those from friendly neutral nations as well. But the attitude toward physicians from enemy countries is that they are not ordinarily officer material because they owe no allegiance to the United States.

It's unlikely that this stand will be altered—no matter how acute the doctor shortage becomes. The number of men which might be obtained through careful investigation by G-2 (army intelligence) is reported to be not worth the time required to complete an inquiry. —H. L. CORD

Office Music A number of physicians have found that reception room music played softly by an automatic record-changing phonograph does double duty: It entertains patients while they are awaiting their turn, and it prevents them from overhearing voices in the consultation room. Only a little of the secretary's time is required to operate the machine.



The Present and Future Status of Medical Motion Pictures

*Teaching films are growing in importance
but distribution remains a weak point*



As a catnip mouse affects a tame tabby, so the idea of teaching with motion pictures affects many educators. Ever since Mr. Edison's rudimentary kinematograph first flickered, teachers have been writing Ph.D. theses on the untapped wonders of educational films.

How much of this oft-proclaimed dream has come true? The observer who examines the status of teaching films generally in 1942 will find that the dream hasn't yet matched expectations. He will also discover, however, that *medical* teaching films have outstripped those in most other fields, and that the war is giving them an importance they've never had before.

Many a doctor's acquaintance with medical films has been limited to an occasional ten or fifteen minute reel shown at a medical convention. This article is designed to present a broader view of the function and scope of medical films, and to suggest something of the future possibilities.

TYPES OF FILMS

Medical films may be divided

into two categories: scientific and popular. Generally speaking, the former are designed for physicians, medical students, nurses and technicians, while the latter are intended to appeal to the general public.

Examples of purely scientific films are "Dissection - Hemorrhoidectomy," produced by the University of Minnesota, and "Local Anesthesia in Obstetrics," made by a well known pharmaceutical manufacturer. Popular subjects for the laity have been treated in such films as "Emergency Treatment for Fractures," produced by a large accident insurance company, and "Choose to Live," the story of a woman's struggle against cancer, produced by the American Society for the Control of Cancer.

WHO MAKES THEM

At least seven groups make medical movies:

Hospitals, clinics, institutions.

A vast amount of film is produced under these auspices. The Mayo Clinic is reputed to have \$30,000 invested in motion picture equipment. The War Department's

*Removal of a large,
adenomatous goiter,
as shown in a thy-
roidectomy film.*



*Remarkably detailed
close-up of a Jame-
son recession muscle
operation.*



*Camera view of a
nephrotomy wound
closure, employing
the ribbon gut meth-
od.*



Walter Reed Hospital in Washington keeps a staff of three cameramen busy. A New York hospital has photographed in color more than seventy-five operations on the eye alone. In many institutions the photographing of noteworthy surgery has become almost routine.

Individual physicians. Frequently a physician who has learned special techniques or developed unusual methods of treatment will make a movie to share his findings with others. For instance, Dr. Jacob Sarnoff, a New York physician who has made more than 500 films during the past twenty years is now busily producing reels on such important war topics as applied surgical anatomy, operative technique, first aid, etc.

Photographic equipment companies. Eastman Kodak, Bell & Howell, and many other firms engaged in the sale of photographic equipment also produce

medical educational films.

Government agencies. Films produced by the armed services play an important role in medical training. Officers at the Naval Medical School are shown special films on anatomy, surgery, treatment of burns, physical diagnosis, etc. The army signal corps has taken over several large Eastern studios where entertainment movies were formerly made. It is using them to make films to implement refresher courses for medical officers, and to help train medical corps enlisted men. The U.S. Public Health Service has supervised scores of films (many made by Walt Disney) to entertain and instruct the general public concerning immunization, malaria, nutrition, etc.

Health agencies. The American Social Hygiene Association, the American Heart Association, the American Society for the Control of Cancer, and the Na-
[Continued on page 109]

Color movies of the larynx are made with this instrument. The camera is attached to one end of a laryngoscope and tiny electric lamps furnish necessary light at the other end.



"Is Compulsory Health Insurance in the Public Interest?"

*Condensation of a radio forum in which
four famed M.D.'s pull no punches*



A verbal free-for-all on compulsory health insurance, in which Drs. Morris Fishbein and Edward Cary splintered lances with Drs. Ernest Boas and Miles Atkinson, was aired on August 30 for a nationwide Mutual Network radio audience. Put on as part of the network's regular "prestige" show, "The American Forum of the Air," this program attracted widespread comment for the outspoken and forthright way the physician-speakers took issue with each other.

A condensation of the half-hour program—including the introduction, the prepared address of each man, and the subsequent extemporaneous discussion—follows below. First, the initial remarks made by the program's regular chairman.

MR. THEODORE GRANIK:

Forty million people in the United States are unable to pay for medical care, according to a recent government survey. Prior to Pearl Harbor, nearly every other man between the ages of 21 and 28 was rejected for mili-

tary service by reason of physical defects.

A bill to establish a national health program was introduced almost three years ago by Senator Wagner of New York, but died in the last Congress. This year President Roosevelt has called for greater hospitalization payments under the Social Security Act; and other prominent persons, among them distinguished doctors, have asked for legislation providing compulsory health insurance.

Leading organizations of physicians and surgeons contend, on the other hand, that the problem is largely economic; that if we reduce unemployment and raise the economic status of the lower income groups, the medical care problem will be nearer solution.

To discuss this subject ["Is compulsory health insurance in the public interest?"] we present four physicians. They are, in the affirmative, Dr. Miles Atkinson, surgeon and author of "Behind the Mask of Medicine," and Dr.

Ernest Boas, former superintendent of the Montefiore Hospital of New York City. Speaking in the negative are Dr. Morris Fishbein, editor of the Journal of the American Medical Association, and Dr. Edward H. Cary, chairman of the board of trustees of the National Physicians Committee and past president of the A.M.A.

DR. ERNEST BOAS:

Health conditions in the United States are excellent. The death rate is low. Organized medicine has given the American medical profession complete credit for this, and has claimed that since this ideal health status has resulted from the present system of free enterprise in medicine, it would be disastrous to introduce any changes. Actually, much of our good record is due to the better economic status of our population.

Distribution of medical care in the United States is uneven. Those who need it most are least able to afford it. Those in greatest need do not get it. The insurance principle is the only method of meeting this situation, unless the Government provides a complete salaried medical service paid for out of tax funds.

Experience has shown that complete coverage for medical and hospital care by group purchase costs about \$22 a person, or \$70 for the average family per year. The people who need this help most are earning \$1,200 or

less a year per family. It is self-evident that such families cannot provide themselves with medical care, even through an insurance scheme. Without Government subsidy, these families cannot get adequate medical care. This is one reason why voluntary insurance plans are so hard to sell, and why they reach so few people. Experience with old-age security and workmen's compensation insurance has shown that, to be effective, such health and sickness insurance must be compulsory for all persons of certain income levels.

DR. EDWARD H. CARY:

On the basis of my personal experience as a practicing physician, covering a period of nearly fifty years—as a teacher, as the head of a great medical college—as an officer of many medical societies, including the presidency of the American Medical Association with its nation-wide contacts—on the basis of a lifetime of service devoted to the all-important problem of providing a more generally available and a more effective medical service to more and more people—I unconditionally am opposed to any form of compulsory health insurance in the United States.

It is possible that some areas provide better medical service than other less favored areas. The thing of real importance, however, is the fact that the lowest average level of medical serv-

[Continued on page 79]

Government Lays Plans to Take Over Resettlement of M.D.'s

*Government-financed medical care seen as
possibility in war-production areas*



Reports of a shortage of physicians in many civilian communities—especially in war-industry centers—have set the stage for an Administration directive of vital significance to the American medical profession. It may well be the forerunner of a large-scale attempt to resettle physicians in localities that need them.

It's conceded privately in some Government circles that the new resettlement pro-



gram holds promise of becoming an important brick in the foundation for state medicine. Other factions retort that the entire emphasis is now being placed on local action through State medical societies and State health agencies, and that only if local action fails to produce results will more radical steps be taken.

Meanwhile, it is generally agreed that the shortage of civilian doctors is no pipe-dream but

a hard reality. Its causes appear to be three: (1) medical recruiting, (2) the mushrooming population of many war-industry areas, and (3) the pre-existing maldistribution of physicians.

For several years now the U.S. Public Health Service has been conducting elaborate surveys to measure the adequacy of health and medical services available in specific localities. Under the new resettlement program, these surveys are being supplemented by on-the-spot reports from State Procurement and Assignment Service committees which have already measured community medical needs before clearing doctors for commissions in the armed services.

Suppose one of the PHS surveys reveals that Toonerville, a small city now occupied with the manufacture of T.N.T., has only one doctor for every 5,000 citizens. The first step the PHS now takes, after verifying the situation, is to notify the State procurement office and perhaps the State medical society, saying in effect: "Here's a place that's in serious need of more physicians. See what you can do to persuade some men to move there."

Now assume that some weeks pass, during which no doctor has been able to overcome his personal opinion that a move to Toonerville would be a move toward insecurity. The Public Health Service itself then tries to



Ewing Galloway

Medical care is at a premium in booming defense towns. This San Diego plant has lured workers from all over the U.S.

Doctors are urgently needed in settlements like this California trailer camp. Trouble spots are becoming more frequent.

encourage private practitioners to relocate there.

Once in awhile a part-time job can be offered as incentive. Perhaps the PHS is able to arrange for a doctor to receive a part-time health-officer appointment from the municipal government. Or it may fix things for him to earn, say, \$100 a month for managing a VD clinic for two days a week.

Beyond this, the Public Health Service has not felt it could go without an executive order to clarify its position and authority. PHS officials explain that when epidemics of communicable disease occur, their duty to send physicians into a community to take over is clear. Even in the event of a serious community health problem out of the strict class of communicable disease, PHS doctors can often move to alleviate the situation without running into the question of legal authorization. But in any circumstances requiring the provision of ordinary day-to-day medical care, the PHS has long been wary of taking action. Increased authority is what it has needed for this purpose.

On the strength of the new Administration directive, the Public Health Service will no doubt make plans to go forward with the next phase of organizing resettlement: subsidies for private physicians to encourage them to practice in areas where more doctors are needed. How soon its

plans will result in action is, of course, unpredictable.

Administration spokesmen admit that, even with the help of subsidies, it is possible that resettlement of medical men cannot be achieved on a sufficiently large scale. However, the official attitude is that problems arising from the inadequacies of the subsidy method will have to be met when they arise.

The Public Health Service is in doubt as to its legal right to send one of its own doctors into a community and to set him up there for the routine treatment of private patients. The current directive may lead to clarification of this matter.

Meanwhile some government officials assert that the possibility of placing physicians in uniform under PHS authority and assigning them to medical duty in communities where acute need exists is not yet under formal consideration. They do not deny that such a proposition has been advanced, but they assert that it cannot be discussed until PHS authority has been more fully defined.

A stumbling block in plans for resettlement of doctors is the limitation imposed by State licensure laws. How to get over this obstacle has not yet been decided, but several suggestions have been made.

The first step in all probability will be to present the problem to an inter-State council set up to

clear such questions as they affect the war effort. With many State legislatures in session next year, it is probable that revised licensure regulations will be sought to clear the bottleneck. In some cases, State executives can handle the matter by issuance of some sort of fiat.

Certainly, efforts will be made to handle the problem through State channels before the Government goes to the extreme of proposing a federal medical licensing system to give it the freedom of assignment it wants. This latter idea would unquestionably bring forth sharp protest. The argument would be put forward that a national licensure system would force standards down to those of the lowest State. If it were necessary to go to Capitol Hill to put such a plan into effect, it would raise questions of States' rights—always a touchy matter with Congress.

Another proposal envisions a executive order, issued under the President's war powers, which

would set up a federal licensing system on a temporary, duration-only basis. This idea, too, raises legal and practical difficulties.

Funds to subsidize the resettlement of private physicians on a large scale or to hire more Public Health Service doctors for the same purpose are obtainable only by means of a Congressional appropriation. Because of the fact that thousands of physicians are said to have indicated their willingness to move to critical areas, a request for a grant is not likely to be made until later. As one Public Health Service official asserts: "It would be breaking faith with the thousands of physicians who have already said they will shift if we were to begin a program of pushing resettlement without working it out as far as it will go on a voluntary basis first."

When the program does move toward the stage of subsidies and perhaps assignment, the problem of how to handle payments from patients may well prove to be

EXAMPLES of WAR-IMPORTANT AREAS in WHICH DOCTORS ARE NEEDED

Name of town	Est. Pop. 1942	Number of M.D.'s		M.D.-Population Ratio	
		All	Under 65	All	Under 65
Pryor-Choteau, Okla.	35,000	8	4	1-4,370	1-8,750
Middle River, Md.	43,500	10	0	1-4,350	—
Childersburg, Ala.	75,000	18	14	1-4,100	1-5,350
Vallejo, Calif.	70,000	18	15	1-3,900	1-4,660
Valpariso, Fla.	6,000	0	0	—	—
Valasco, Tex.	35,000	13	9	1-2,690	1-3,875
Waynesville, Mo.	18,000	5	2	1-3,600	1-9,000

one of the most difficult. Only by special Congressional authorization could sums collected by Public Health Service doctors be credited to the PHS. Lacking such authorization, the money goes directly into the general fund of the Treasury. This explains why the "earnings" of PHS physicians engaged in recent years in health-officer duties have not accrued to the PHS itself.

The Government's view of the function of the Procurement and Assignment Service and of the Public Health Service in insuring adequate civilian medical care is this: Each should attack from an opposite angle. The P & AS must take the supply of physicians and balance it against the demands of the armed services and the needs of the civilian population. The PHS, having broader administrative experience, must handle the greater burden of resettlement. It is officially emphasized, however, that policies will be formulated jointly by the two, with final review by Mr. McNutt's War Manpower Commission.

As previously indicated, officials of the War Manpower Commission feel that the P & AS has already built the foundation on which the resettlement program can be laid. Many State P & AS chairmen have accumulated data on localities within their territories where physician shortages have developed, and this information is passed on to doctors

who request it. A smaller number of State procurement offices have begun the attempt to persuade men to move to trouble spots.

By and large, however, State P & AS offices have been simply too busy with their recruiting problems to concentrate on resettlement. Delay in securing up-to-date lists of men rejected by the army or navy, plus lists of men enrolling for civilian care in other communities, have also slowed down the effort to date. Finally, it can be observed that, since the procurement service has no real power to redistribute doctors, it cannot reasonably be criticized because it hasn't done so. Proponents of this view list some of the obstacles faced by any agency which attempts to *persuade* physicians to pack up and move elsewhere. Among them:

1. A belief among many men that to locate in a war area is to risk the establishment of a practice in a place almost certain to have a severe post-war depression.

2. Disinclination to spend money on moving, on living in a war-boom area, and on building a new practice—all the while taking a chance of losing that outlay.

3. The feeling among many practitioners that they may not be able to secure suitable hospital privileges if they move.

[Continued on page 118]

Good-Bye to the Medicine Show

Few of the old-time medicine shows remain.

Here's one that's still on the road.



"Now I don't practice medicine, diagnose, or write prescriptions. And I don't say that I can cure you. But I know I can help you. If you're gassy, dizzy, can't sleep, have a coated tongue, foul breath, pain in the head or feet, if you get up nights, if you haven't got any appetite, if your glands aren't working right, then be fair with yourself. Don't invite sickness, death, destruction, and the grave. Get relief here to-night."

The speaker was "the Doc" of a medicine show, addressing an attentive Florida crowd after his Negro performers had retired from the stage. The Doc is a man

of about sixty, with silver hair, a comfortable paunch, and a healthy looking face with small, sharp eyes that can take on a benevolent expression at will. He looks like a reliable country doctor in whom you could confide your innermost secrets. He also looks somewhat like W. C. Fields.

He is one of the few old-time medicine men left in the country. There are still quite a number of fly-by-night pitchmen who take stands on street corners to sell the present-day equivalent of snake oil, but there are less than a dozen sizable medicine shows like the Doc's still on the road.

They won't be there long. The reasons for this, of course, are the present devilments of most Americans—gasoline and rubber. The Doc travels in three trailers and a truck—which means that his business is dependent on twenty-two tires—and he is already without spares. He can't take his troupe to the places he wants to go by railroad, and anyway the overhead that way would be too great for his thirteen people.

The spiel he gives hasn't changed much in three or four decades. To most oldsters it has

¶Once as much a part of U.S. life as cracker barrels and buggy whips, the itinerant medicine show is dissolving under the acids of 1942. Until recently, it displayed a surprising adaptability. The wagons by which it had traveled gave way to trucks and trailers, while the leather-lunged spieler accepted a microphone and amplifier. But as pointed out in this article, which approximates a recent account in the New York Times, this adaptation has itself brought the end: The medicine show is now on its last tires.

a familiar ring. The audience sits on flat-board circus seats set out in a vacant lot near the town's business district, and with a generous overflow crowd standing around. A portable stage, with canvas roof and sides, is lighted by a row of overhead lights and has an amplifier. The show opens with a bang—which consists specifically of a five-piece Negro band playing with great vigor, despite the difficulty that a young man with a horn has in hitting all the right notes. Next, two entertainers, made up in black-face with white grease paint around their mouths to make them resemble minstrel performers, offer a "chatter" vaudeville act.

The jokes are old, obvious, but always decent. These are mostly country folk to whom they are playing, with the whole family present. Many of them have never before seen live performers. The reception accorded the jokes and the songs is enthusiastic.

Toward the last of the preliminaries, the Doc comes forward without introduction. He eases into the scene and starts kidding one of the performers. The others edge off quietly, and you don't notice their going. The Doc gets a couple of laughs. The crowd is receptive when the last performer bows off.

Then the Doc gets down to the business of exercising his high-powered talents. While everybody watches and listens carefully, he unrolls a heavy scroll of

paper to reveal a vividly colored, frightening chart of the human insides.

The Doc explains with great facility how everything works, then confides that he has something with which a man can obtain great help. "And here it is," he announces, taking an oblong white box from his pocket.

He holds the box high in the air for all to see. "Now this tonic has been used by suffering mankind from coast to coast and back again. It's a true, tried remedy. Tonight this product you want to get is going for a dollar a bottle."

He hurries over the price by continuing: "I don't want you to think I'm braggadocious, egotistical, or swagger. But I know a man who died from a pain in his head. He died at eleven o'clock at night cursing God. Why? Because he didn't have this tonic. With this tonic that man would be alive today. With it you'll sleep better, eat better, smoke better, drink better, and be better. You'll say, 'I'm doggone glad I bought that!'"

The piano player now begins to bang out a lively tune. At the same time the performers come to the stage where the Doc hands them boxes from a trunk.

"Hi-ya!" the performers call as they begin to move among the crowd. "Oh! Oh! Here it is!"

Hands wave eagerly in the air holding dollar bills. The performers do a brisk business, and while

[Continued on page 122]



"Come what may, Dr. Twickey has the perfect bedside manner!"

Questions on Medical Service with the Fighting Forces

*Readers query on deferment, overseas
duty, commissions, physical exams*



Q. I was 44 years old when I registered. Can I be drafted after I reach my 45th birthday?

A. Yes. Anyone who was eligible at the time of registration under the Selective Service Act may be drafted regardless of his age at the time called.

Q. Is it still true that medical officers on limited service may be called for duty outside the limits of the continental United States?

A. Yes. The army accepts physicians with certain physical defects—usually weak eyes—for limited service, but that does not mean that they will remain in the continental United States; it means merely that they will not be assigned to battlefield service. The navy does not accept medical officers for limited service. When a physician is commissioned in the navy, even though physical defects have been recognized and waived, he is subject to assignment wherever he is needed. If he gets what is, in effect, limited service—and he may—it will not be based upon any condition of his enlistment.

Q. I am 37 years old. I applied for a commission in the medical corps and have been examined. If a first lieutenancy is the best I am offered, and if I decline it, will I suffer any ill consequences?

A. Declining a commission in either the army or navy carries no ill consequences as far as the law is concerned. One who declines a commission, however, remains subject to the Selective Service Act. The army ordinarily offers commissions as captain, and the navy offers commissions as lieutenant commander, to physicians in the 37-50 year age group; lieutenancies are offered to younger men.

Q. Can the Procurement and Assignment Service authorize a physician to practice in a State where he is not licensed?

A. No. The service may recommend that a physician move to another State where he is needed, but it cannot authorize him to practice where he is not licensed.

Q. Has the head of a hospital the authority to determine which

of its staff members are essential?

A. No. Hospital heads may offer recommendations, but final decision rests with the State chairmen of the Procurement and Assignment Service.

Q. Does the number of osteopaths in a community have any bearing on the number of local physicians who will be called or deferred?

A. No. In some Kansas and Missouri communities there are as many as five osteopaths and only one physician, yet the physician is still deemed indispensable. Osteopaths are not counted in determining the quota of doctors a community needs.

Q. Are inactive members of the medical reserve corps likely to be called if they are over the age of 60?

A. No.

Q. Can a physician apply for an army commission after he has failed to pass a physical examination at an army hospital?

A. If the examination he failed to pass took place some time ago, he is advised to apply for re-examination.

Q. I am doing research in my own laboratory on an experiment which the Government has been interested in for the past two years. Can I be deferred from military service?

A. It is up to the Procurement and Assignment Service to decide whether a physician's work makes him essential in a civilian capacity or whether he is avail-

able for military service. Only if his research work is important to the war effort will it be considered a possible basis for deferment.

Q. Will a physician whose partner is physically disabled be deferred?

A. It depends on the demand for and supply of medical service in the particular community. If an eligible physician can be taken from his community without impairing local medical service to any great degree, or if he is replacable, he will probably be called, regardless of the health of his partner.

Q. When can I expect acknowledgement of the Procurement and Assignment Service enrollment blank I filled out, indicating my four preferences? I am 62.

A. Physicians above military age who chose military service will receive no reply. Those who wish to serve in industrial or civilian capacities must get in touch with their State Procurement and Assignment Service chairmen.

Q. If a physician has been notified by the Surgeon General's Office that his application for a commission has been rejected on physical grounds, is he obligated to report for further physical examinations at the request of his local medical recruiting board?

A. No. He remains, however, subject to call for examination by his local draft board.

What the American Telephone Stockholder Can Expect

*New taxes are chief threat to AT&T's
unbroken dividend record*



"Telephone has done it again," Wall Street brokers exclaimed one day last August as they read a flash on the news ticker. The American Telephone & Telegraph Company had just declared another dividend at the same quarterly \$2.25 a share rate it had been paying for twenty years.

Wall Street is not alone in its special interest in American Telephone. No other private enterprise in the world has so many owners. More physicians are interested in the company's stock than in any other security except United States Government bonds. AT&T's quarterly dividend checks, aggregating over \$42,000,000, go out to more than 634,000 stockholders.

The United States, with 6 per cent of the world's population, has half the world's telephones. It's little wonder, then, that the telephone industry is the third largest publicly-regulated industry in America, following closely after the utilities and railroads. There are about 6,400 small, independent telephone companies and more than 60,000 rural lines.

Yet the Bell System of AT&T operates 80 per cent of the 22,000,000 telephones in this country and connects up all the smaller lines.

The Bell System thus comprises about four-fifths of the telephone industry. It employs approximately 350,000 people. That is about twice as many as were employed by General Motors and Chrysler combined last year; more than twice as many as were employed in the half-dozen largest oil companies.

American Telephone heads the thirty-one American companies in the billionaire class. Its assets amount to more than \$5,250,000,000—about three times those of General Motors or United States Steel Corporation. Its total yearly income is a little more than a fifth of its assets.

EARNINGS GROWTH

The most impressive data from the stockholders' standpoint is the record of steadily improving earnings since 1876—a record that is probably unequalled in American industry. Since Alex-

[Continued on page 100]

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Post-War Aid for Physicians Returning from Services

*Medical societies consider ways to
help members rebuild practices*



Interest-free loans, outright gifts, and other financial arrangements to help physicians whose budgets may be upset when they join the armed forces are being studied by a number of medical societies.

The chief purpose of most proposals now under discussion is to provide funds for doctors who will need money to pay office rent, buy equipment, and otherwise re-establish their practices after the war. However, some plans are designed to supplement the salaries of medical officers, while still others are intended to give aid to their families in cases of temporary but acute need.

Where partnerships exist, satisfactory financial settlements can often be worked out when one member goes off to the war. Physicians employed by hospitals and other institutions may also enjoy a measure of protection; in many cases positions will be held open for them until their return.

But doctors with private practices are likely to find themselves without either patients or money on demobilization day. This will

be especially true of younger men who practiced only a year or two before they were called to the colors. They will be faced with the prospect of starting from scratch all over again.

Even well-established physicians may run into financial trou-



bles when they enter military service. For example, the doctor with an average yearly income of, say \$7,000, probably has insurance, a home, and other commitments based upon that income. Commissioned as a first lieutenant, he will find his earnings cut in half. If he must draw heavily upon his savings during the war, he may be in real need of a loan when the time comes to rebuild his civilian practice.

These are the men who would benefit from the programs now being whipped into shape by various medical groups.

Although most projects are still in the discussion stage, the San

Francisco County Medical Society has put a plan into operation, the details of which are set forth below. A less elaborate system has been adopted by the Indianapolis Ophthalmological and Oto-Laryngological Society. Its civilian members have voted to turn over to members in the armed services half the fees collected from patients of the latter. The Providence (R.I.) Medical Association has advised its members to keep lists of all new patients seen during the war and to determine whether they were formerly treated by doctors now in service. The society urges that such patients be referred back to



their original doctors when they return from military duty. In some British communities, doctors are setting aside part of their incomes to help out fellow practitioners at the front.

The Westchester County (N.Y.) Medical Society has had four proposals under consideration, but to date none has been officially adopted because of a lack of agreement on any one of them.

The first is a plan whereby a physician entering the army or

navy would designate one or two colleagues to handle his practice until his return. Substitute doctors would place half the fees they collected from such practices into a fund administered by the society. Twenty per cent of the deposits would be used to assist families of *any* absentee member of the society. The remaining 80 per cent would be credited to the absentee, to be withdrawn by him upon demand.

[Continued on page 90]



Tire-Takers Plague Physicians

Because most people are aware that the physician can get tires with relative ease, the current wave of tire stealing has turned in the direction of the medical profession. Persons who presumably wouldn't lift a toothbrush from a ten-cent store seem to feel perfectly justified in appropriating the tires from a doctor's car. Sometimes, they apply balm to their consciences by leaving cash and a note which says, "Sorry I had to take your tires, Doctor; but you can get new ones and I can't. There's \$40 in your glove compartment." More often, they leave nothing.

While it is true that a physician can readily get a requisition slip to replace worn-out tires, making up for a stolen set involves a good deal of red tape. Only when an affidavit of

theft has been filed and investigators have been satisfied of the doctor's honesty and there are still some tires left in the local board's quota will the victim of the theft get satisfaction. The whole process is likely to be annoying and embarrassing.

The medical emblem or special license plates usually attached to a doctor's car identify it immediately to would-be tire pilferers. Professional men are therefore being asked to observe these precautions:

1. Don't park in the dark. It makes the thief's work that much easier.

2. Avoid garage door hinges that can be removed from the outside.

3. Record the serial numbers of your tires so that if they are stolen and recovered, you can identify them.

Obstetric and Pediatric Care for Families of Soldiers

*Service men's wives are now offered
government funds to pay bills*



A number of State health agencies have set up machinery to participate in a Federal plan to finance obstetric and pediatric care for wives and children of men in military service. Funds are being supplied by the Children's Bureau of the Department of Labor, which distributes them to the States.

Benefits, designed to aid those who would not otherwise receive proper medical care, are in addition to the payments provided by the allowances and allotments act for service men's dependents. Under the latter law, wives of service men are paid \$50 a month, with additional allotments for each child.

It was learned last month that programs drawn up by fifteen States had already been approved, and that other States would be participating by the time this issue was published. Plans were then in operation in Washington, Idaho, Arkansas, Indiana, New Mexico, Alabama, Illinois, Maryland, Missouri, North Carolina, Oklahoma, Virginia, Wisconsin, Rhode Island, and Nebraska.

Eligible to receive treatment are pregnant wives of enlisted men who, in the judgment of State health agencies, would not otherwise be able to afford adequate attention. Children up to one year of age will be given pediatric care. Older children cannot be provided for at present because sufficient funds have not been allocated.

Of the \$5,820,000 appropriated by Congress for maternal and child health services in the current fiscal year, \$198,000 has been earmarked for this program. States which take advantage of the plan will, of course, contribute supplementary funds for local administration.

A physician who wishes to attend beneficiaries of this program must be licensed to practice in the State where delivery is performed, and must be a graduate of a medical school approved by the Council on Medical Education and Hospitals of the A.M.A. The Children's Bureau also urges State agencies to engage obstetricians and pediatricians who

[Continued on page 134]

Uniforms and Accessories for Army and Naval Officers

*What the physician needs, how much
it costs, and where to get it*



Having to select his neckties from the kaleidoscopic assortment at the local haberdashery and to resolve the merits of the gray tweed versus the brown herringbone are peacetime problems that no longer bedevil the physician who enters military service.

He inherits other problems instead:

Where to get his uniforms? How to make a small clothing allowance cover goods costing substantially more? Which items are essential and which are optional? When should they be bought?

Army clothing may be purchased at (1) retail stores, (2) quartermaster depot sales stores, and (3) post exchanges. Naval officer's uniforms and accessories are available at (1) retail stores, (2) the Naval Clothing Depot in Brooklyn, N.Y., and (3) from the depot's representatives in Portsmouth (N.H.), Boston, Newport (R.I.), Philadelphia, Washington, Annapolis, Norfolk (Va.), Chicago, San Francisco, and San Diego.

There is an army quartermaster depot sales store in operation

or now being organized in Philadelphia, Washington, Atlanta, Chicago, San Antonio (Texas), and Oakland (Calif.), plus a post exchange at almost every camp. The address of any quartermaster depot sales store can be obtained from the headquarters of the service command (formerly corps area) in which it is located (see phone book: "U.S. Army"). For addresses of Naval Clothing Depot representatives, write the depot at Twenty-Ninth Street and Third Avenue, Brooklyn, N.Y.

Most army and navy medical officers, when asked about getting uniforms at regular retail stores which have been stocking such lines, said, "Don't!" A list seen at one quartermaster depot sales store, comparing its prices with those of local retail stores, showed average retail store prices to be about one-third above average depot store prices. Possible differences in quality and tailoring were not, of course, revealed, although depot store attaches declare that the uniforms they distribute are virtually the



Army surgeons (left) "somewhere in Australia" dress for the job in khaki shorts. Illustrated below are three more common types of uniforms worn by army medical officers. The doctor at the left is in field garb, the one in the center is wearing the standard wool uniform (use of the Sam Browne belt is now being discontinued), and the one at the right is dressed for Summer duty. The caduceus is worn by all army medical officers.





Navy medical officers dressed in blue service uniforms (top) chat with a sailor-patient. In the clinical laboratory of a new hospital ship, another medical officer (left) wears a white duck Summer uniform (the lad at the microscope is a hospital corpsman). The oak leaf device shown on this page is worn by all medical officers in the navy. Note that it appears on the sleeves of the men at the bedside.

same as those in the retail stores.

Some time ago, John Wanamaker of Philadelphia advertised the sale of uniforms at a price "which does not cover the cost of doing business." This is the only store known to have adopted such a policy prior to the initiation by the army and navy of measures to control the distribution and pricing of officers' clothing through retail stores located throughout the country.

Alleged profiteering on military uniforms by civilian stores led both the army and navy to institute these corrective measures. Recently the army undertook to regulate the sale and pricing of ready-made uniforms in 220 selected retail stores throughout the country. The navy is launching its own plan in twenty-eight cities. Substantial savings are assured officers who patronize such approved retail outlets, quartermaster depot sales stores, post exchanges, or naval clothing depot branches. The post exchange is a civilian-manned concession operated under army supervision in most army camps and installations. Its main drawbacks are that you can't conveniently make purchases at it *before* you report for duty, and that the stocks maintained vary and are not always complete. Some post exchanges carry clothing but few accessories; others have only accessories.

All in all, the quartermaster depot sales stores, if accessible,

seem to be growing in favor as the places to buy army clothing. While at present they do not carry ready-made officers' uniforms, they do sell cloth for coats and trousers at exceptionally low prices, giving the officer an opportunity to have those articles tailored at a considerable saving. Depot stores sell their cloth, clothing, and equipage items at cost plus 3 per cent. The naval setup is somewhat similar.

Officers in both services declare that in addition to reasonable prices, depots offer those just receiving commissions another advantage—namely, good advice from fellow officers who have no interest other than to help fledgling associates. Officers in charge at these sales agencies cooperate to the extent of recommending reliable retail stores if depot stocks do not include all necessary items at the time.

Congress has voted all newly-commissioned army officers \$150 toward the purchase of new uniforms. Navy officers get \$250. Since the money is not available until as long as three months after the officer reports for duty, and the officer *must* report for active duty in uniform, he must lay out his own initial uniform fund, unless he has a private charge account with a retail store and wants to outfit himself there. The navy clothing depot eases the burden somewhat with a credit plan, under which \$25 is deducted from the officer's pay

each month starting with his first check.

ARMY CLOTHING

There is no strict "season" for uniforms in the army. Which uniforms will be worn at specified times are usually determined by an order issued by the commanding officer twice yearly, in the early Spring and Fall.

For cool weather the medical officer will need at least one olive drab service coat of wool, one pair of matching trousers, several cotton khaki broadcloth shirts to be worn under the coat, a regulation matching necktie, a garrison cap, tan shoes, and the required insignia. That will enable him to report for duty in uniform as required without a very large outlay from his own pocket before he gets access to the depot stores, post exchanges, and advice of his fellow officers. Immediately afterward, of course, he will have to expand his wardrobe according to the season and the climate. He will then need about a half dozen khaki broadcloth shirts, two olive drab wool or flannel shirts, regulation army russet shoes, three ties, a half dozen pair of socks, an overcoat, and a raincoat. Officers' "dress pinks" are also recommended. These trousers are not on the essential list, but almost every officer in the army wears them and will probably continue to do so.

For Winter, a trenchcoat, with detachable wool lining, or a wool regulation overcoat and a rain-

coat are advisable. Veteran officers advise against selection of an overcoat until after the recruit has learned where he is to be assigned. A service cap of olive drab wool, with army russet leather visor and a rainproof cover for its protection, are also recommended.

Many army medical officers interviewed agree that the newly-commissioned officer needs several khaki uniforms for Summer or tropical use. If he is accustomed to changing frequently in hot weather, four and perhaps five will be necessary. These uniforms, consisting of shirt and trousers, must be changed at least three times weekly. They are washable. The shirt and trousers, with the regulation shoes, tie, socks, and light garrison cap, form the complete uniform for Summer or tropical wear. Some officers in Summer also wear outer jackets of light khaki, but their purchase is optional. Because laundry service in the army is often uncertain, and because an officer must always have a clean uniform available, it is important that he have enough cotton khaki uniforms when the season or climate calls for them. The Summer dress uniform for army officers is white cotton or duck. Its use is optional.

In buying uniforms, the officer should look for features which will insure the maximum in wear and appearance. They should

[Continued on page 130]

MEDICAL OFFICERS' CLOTHING

Following is a list of clothing worn by medical officers in the army and navy. Since dress varies with the season and with one's location, no attempt has been made here to include either all the articles of clothing available or the number of each item required. In other words, this is not a complete (or even a minimum) list of clothing needs; it is simply an enumeration of the more important items from which the physician may make his basic selection. Prices given approximate those charged by army quartermaster stores and by representatives of the naval clothing depot.

ARMY

Uniform (coat and trousers), olive drab wool	\$45.00
Long overcoat, olive drab wool	45.00
Short overcoat, olive drab wool	30.00
Raincoat, khaki serge	5.00
Trousers ("dress pinks"), light brown wool	12.00
Trousers, tan wool or serge	5.00
Trousers, khaki cotton	2.50
Shirt, khaki cotton	2.00
Service cap with visor, olive drab wool	5.00
Garrison (overseas) caps, olive drab wool	2.50
Neckties, tan silk or wool	.60
Gloves, tan unlined horsehide	1.75
Insignia (rank, medical, "U.S.")	4.00

NAVY

Uniform, blue wool	48.00
Uniform, khaki cotton	14.00
Uniform, white duck	12.00
Overcoat, blue wool	50.00
Raincoat, blue serge	36.00
Trousers, khaki cotton	6.00
Shirt, khaki cotton	1.25
Shirt, white cotton	1.50
Caps, cotton (1 blue, 2 white, 1 khaki, 1 rain cover)	12.00
Neckties, black silk	.50
Gloves, gray	3.50
Insignia and braid (for lieutenant, j.g.)	8.50

RELIEF FROM PAIN

...for the ARTHRITIC PATIENT

A-B-M-C Ointment* relieves arthritic pain because of its local action in increasing the blood supply to the affected part by dilatation of the arterioles and capillaries.

In 88 percent of 96 patients studied, A-B-M-C Ointment provided relief from pain without any untoward effects when used as directed. No urticaria was produced in any case.†

A-B-M-C Ointment is spread, without rubbing, on the affected part and heat is applied for 20 minutes.

†Archives of Physical Therapy, 21, 12 (Jan.), 1940.

*A-B-M-C Ointment is a trademark of John Wyeth & Brother, Incorporated, for its brand of ointment containing Acetyl-β-Methylcholine Chloride 0.25%, menthol, thymol, eucalyptol and methyl salicylate in an emollient base.

Supplied in 1-ounce tubes



SAMPLES AND LITERATURE ON REQUEST

JOHN WYETH & BROTHER, INC., PHILADELPHIA, PA.

Radio Appeals Used to Speed Medical Recruiting Rate

News and morale programs urge M.D.'s to volunteer in increased numbers



Radio broadcast appeals from the Army Surgeon General's Office to U.S. physicians are the newest development in the medical recruiting drive.

Virtually every network news commentator was asked recently by the War Department to publicize a letter from Major General James C. Magee. Said he:

"There are about 72,000 doctors in civilian life under 45 years of age. To these physicians the army is now appealing. Unless they respond quickly and in generous numbers the situation will become critical."

The letter was sent to commentators ranging from Shirer, Swing, and Vandercook to Kate Smith and Jimmy Fidler. It's reported that almost every radio news reporter made use of it in some form.

Another highlight of this radio recruiting drive was a forum discussion not long ago over the Columbia Broadcasting System which brought together General Magee, Surgeon General Ross T. McIntire of the navy, Dr. Warren Draper of the U.S. Public

Health Service, and Dr. Frank Lahey of the Procurement and Assignment Service. Topic of the forum was "The American Doctor Goes to War." The subject matter ranged from a discussion of the medical recruiting problem to background on the situation facing the PHS in helping to guard civilian health.

Other examples of how the Surgeon General's Office has been taking to the air recently have included a recruiting appeal on the "Passing Parade" program; a half-hour tribute to the medical corps which was aired over the War Manpower Commission's show "I Hear America Singing"; three talks and dramatizations over the regular "Army Hour" program; and interviews with medical officers over the "This Is Fort Dix" program.

Washington sources indicate that these efforts by the army to boost medical recruiting will continue regularly. The navy, so far, has not found it necessary to resort to radio appeals for its professional personnel.

—STEPHEN GREENE

Football Accident Insurance Plan Helps Pay Physician

High school students indemnified in part against medical-cost hazard



In populous New England, where nearly every crossroad marks a town, and where every town boasts a high school football team, a group insurance plan has been developed that provides partial medical care for injuries arising from high school athletic competition.

The venture is a nonprofit, cooperative one, backed by a fund made up of \$5 registration fees paid yearly by the 181 schools now enrolled, plus annual individual fees from students (\$1 for participants in all sports, fifty cents for participants in all sports except football). It is supervised by the New England Secondary School Principals' Association.

Benefits approximate those provided by State workmen's compensation acts. In its five years of operation the plan has paid out more than \$13,000 for medical and dental charges following injuries sustained in supervised play. Examples of benefits are as follows: for either arm broken above the elbow, \$40; for a broken scapula, \$20; for a broken nose, \$10. Among the injuries excluded

from coverage are torn ligaments, bruises, infections, and sprains.

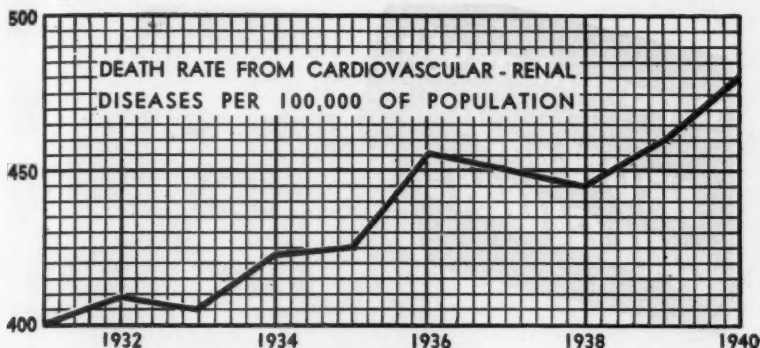
The fund had its beginning when the school principals' association sought to spread the risk and expense of athletic accidents. Eleven national insurance companies were approached but their bids for a group contract were deemed too high. The association therefore established its own insurance program which has since been approved by the insurance commissioners of the New England States. It works as follows:

Any school which is a member of the association may enroll by paying the annual \$5 registration fee. This permits its students to take out individual memberships for the 50-cent and \$1 fees quoted. Each student enrollee must file a preliminary physical examination report signed by an M.D.

When an injury occurs in high school competition there is generally a question of liability. Most schools disclaim responsibility for payment of accident expenses on two grounds: (1) They have

[Continued on page 118]

Hypertension and Mortality Trends



More than 44% of the total deaths for all ages during 1940 were from cardiovascular-renal diseases.¹ It has been estimated that hypertension is a causative or associated factor in $\frac{3}{4}$ of these yearly deaths.² Not only is the death rate from hypertension alarmingly high but it is increasing. In marked contrast to the general death rate, there was a 20% increase in the death rate from cardiovascular-renal diseases in the decade 1931-40.

In the absence of specific therapy, utilization of the useful measures that are available for symptomatic control of arterial hypertension is obviously indicated.

ALLIMIN has been found effective in controlling the elevated pressure through its action as a peripheral vasodilator.

1. U.S. Vital Statistics. Census Bureau.
2. ADSON, A. W.: *Hypertension*. Univ. Pa. Press, Philadelphia, 1941, p. 21.

ALLIMIN is safe, and non-toxic. Administration may be maintained without fear of undesirable side-effects or untoward reactions.

COMPOSITION: ALLIMIN tablets are enteric coated, odorless and tasteless, containing $4\frac{3}{4}$ gr. dehydrated garlic concentrate and $2\frac{3}{4}$ gr. dehydrated parsley concentrate with excipients and coating.

ADMINISTRATION: ALLIMIN has been found most effective when given in intermittent courses. The minimal dose is 2 tablets with water t.i.d. after meals for three consecutive days, skipping the fourth day. Medication should then be resumed, again skipping every fourth day.

ALLIMIN is advertised exclusively to the medical profession. For liberal sample and covering literature, sign and mail coupon.

Announcing
B Natural



A completely natural product containing the entire B complex as found in brewers' yeast and extract of corn. The multiple nature of vitamin B deficiencies and the advantages of the entire B complex have been repeatedly emphasized by clinicians and nutritional authorities. For professional samples, sign and mail coupon.

VAN PATTEN PHARM. CO.
54 W. Illinois, Chicago, Dept. M.E.

Gentlemen: Please send following:

- ☐ Professional Sample of ALLIMIN
- ☐ Covering Literature
- ☐ Professional Samples of B Natural
- ☐ Covering Literature

Dr. _____

Address _____

Town _____ State _____

If patient needs
**IRON and
CALCIUM-**



... supplement the diet with delicious
BRER RABBIT MILK SHAKE*—It's Rich in Both!

Brer Rabbit Milk Shake* is one of the few ways in which patients may enjoy their needed daily amounts of iron contained in molasses as well as the calcium, vitamins and other beneficial properties contained in milk.

As the chart below shows, Brer Rabbit New Orleans Mo-

lasses is second only to liver as a food source of available iron.

Three tablespoons of Green Label Brer Rabbit Molasses, added daily to the diet, supply 3 mg. of available iron. Or the amount may be increased at the direction of the physician. Penick & Ford, Ltd., Inc., New Orleans, La.

*Made by adding 1 tablespoonful of Brer Rabbit to a glass of milk.

Brer Rabbit New Orleans Molasses is second only to liver as a food source of available iron

TABLE 1

	Total iron mg/100 gm	Per cent avail- ability	Available iron mg/100 gm
MOLASSES "A"...	3.2	97	3.1
MOLASSES "B"...	6.0	85	5.1
BEEF LIVER...	5.2	79	4.1
OATMEAL...	4.8	96	4.6
AFRICOTS (dried)...	4.1	90	3.7
EGGS...	3.1	100	3.1
WHEAT...	5.9	67	4.0
RAISINS (Muscat)...	6.2	62	3.9
RAISINS (Muscat)...	3.8	86	3.3
PARSLEY...	3.2	89	2.9
BEEF MUSCLE...	3.6	72	2.6
CABBAGE...	5.8	26	1.5
MUTTON...	5.1	63	3.2
SPINACH...	1.5	28	0.4

*Brer Rabbit Molasses—Gold Label (light, mild flavored)
or Brer Rabbit Molasses—Green Label (dark, full flavored)
U. S. Pat. & Reg. Off. Vol. VI No. 7 (Sept.) pp. 459-52, 1929

There is 1 full mg. of available iron in every tablespoonful of Green Label Brer Rabbit New Orleans Molasses.



Letters to a Doctor's Secretary

*Collection troubles are lessened if your
patients expect the unexpected*



Dear Mary:

You tell me you've been having a run of collection troubles and that most of the poor-pay patients have one thing in common: They blame your office because the expense for their operations turns out to be more than they anticipated.

I'm afraid this means that you (or Dr. Barrie), in the rush of seemingly more important things, have neglected to explain expenses adequately to the patients beforehand.

Imagine yourself in the patient's place. You may get the doctor to tell you frankly how much he's going to charge for operating on you, but when you ask him about hospital fees he's likely to give you merely the schedule of room rates and let it go at that. Perhaps you have just

\$250 to carry you through, and no way to raise any more, and you figure that will cover everything nicely. Then when the bills for injections, anesthetics, operating room, and special nurses (etc., etc., etc.) come in, you wish you had died of the first attack.

Many doctors assume that before an operation, or before a series of medical treatments that will cost a good deal, the patient should be soothed and relieved of all worry. They mildly give the minimum estimate and assure the patient that although the hospital bill must be paid in cash the doctor's bill can wait upon the patient's convenience.

Who suffers from this arrangement? The doctor and the patient both suffer financially, and the doctor's secretary who is his collector suffers too. The hospital is the only one that profits, and it doesn't really profit because it's a non-profit organization.

If you would be a hard-boiled collector, be careful not to be born in October under the sign of Libra, the scales. This is the sign of impartial justice which

[Continued on page 120]

¶The personal correspondence (see "Letters to a Doctor's Secretary," MEDICAL ECONOMICS, 1940-41) between Myrna Chase, senior retiring secretary, and Mary Ashley, the girl who took her place, has continued uninterruptedly. The editors have arranged to publish sections of current letters which may be of interest to doctors and their assistants.

WHAT TO DO ABOUT

1 IF YOU SAVED YOUR LAST WINTER'S ANTI-FREEZE..



Some of the ingredients of "Prestone" anti-freeze will last from one winter through the next—those, for example, which protect the car against freeze-up. But to give protection against freeze-up is only one function of a good anti-freeze. A good anti-freeze also performs other functions, just as important. One of these is to guard against rust and corrosion... which is why all good anti-freezes are "inhibited." These inhibitors do wear out; and when that happens the car is no longer protected against clogging and overheating caused by rust.

That is one of the reasons why you cannot use an anti-freeze indefinitely... why, for instance, we guarantee "Prestone" anti-freeze for "a full winter's use," and no more. *New, fresh anti-freeze is always to be preferred over anti-freeze which has gone beyond a single winter's driving.*

If, however, you decide to re-use your anti-freeze, take the following precautions:

If you stored your anti-freeze during the summer, take it to your dealer *before* putting it back in the car. There are 2 good reasons.

A *To make sure that no dirt or foreign matter has spoiled it.* (Cars frequently rust through from the outside and from the bottom. Dirt and foreign matter will clog your cooling system badly.) If your solution is brown or rusty-looking, don't bother to take it to your

dealer but discard it at once. Be extremely cautious in this regard. Your car is a valuable property: it is in the interest of sound conservation to take all reasonable precautions.

B *To have the strength checked...* You don't know, definitely, what concentration you had at the end of the season. If your anti-freeze was "alcohol base," you almost certainly lost strength before you took it out last spring. Even if you used "Prestone" anti-freeze, which contains no boil-away alcohol, have the strength checked just the same. You may have lost protection through careless filling, slop-over at the over-flow pipe, and leaks caused by road-shock and wear-and-tear during driving.

if you left your anti-freeze in your car, and have been driving with it all through the summer, point B (above) is even more important, for obvious reasons.

These precautions are the very least you can take to protect your car. Remember, none of them will put back into the anti-freeze the rust and corrosion inhibitors which were there when you bought it last fall, and which have since been used up. This is one of the sound technical reasons why manufacturers guarantee anti-freeze for only one winter's driving.

ANTI-FREEZE THIS FALL

2 IF YOU DID NOT SAVE YOUR LAST WINTER'S ANTI-FREEZE..



See your dealer at once and get "Prestone" anti-freeze installed in your car. As of the date this advertisement goes to press (approximately July 15th) it appears that there will be enough "Prestone" anti-freeze this fall—after Army, Navy and lend-lease requirements have been met—to supply all regular users. We make this prediction because we have increased our manufacturing facilities and because there will be fewer cars on the road this coming winter.

HAVE YOUR DEALER CHECK YOUR CAR for leaks, rust, sediment, or loose connections which may have developed during summer driving. Make sure your "Prestone" anti-freeze is used in a clean, tight cooling system. Then you can *forget* the

anti-freeze problem for the rest of the winter. You will be protected completely—against freeze-up, boil-away, dangerous and obnoxious fumes, rust and corrosion. You can place complete confidence in new, fresh, full-strength "Prestone" anti-freeze. It is *guaranteed* for one full winter season.

Products of
NATIONAL CARBON COMPANY, INC.
Unit of Union Carbide and Carbon Corporation

UIC

General Offices: New York, N. Y.
Branches: Chicago and San Francisco

The words "Eveready" and "Prestone" are registered trade-marks of National Carbon Company, Inc.

OPA Retail Ceiling Price **\$2.65**
A GAL.

PRESTONE

TRADE-MARK

ANTI-FREEZE

*YOU'RE SAFE AND YOU KNOW IT
... ONE SHOT LASTS ALL WINTER!*

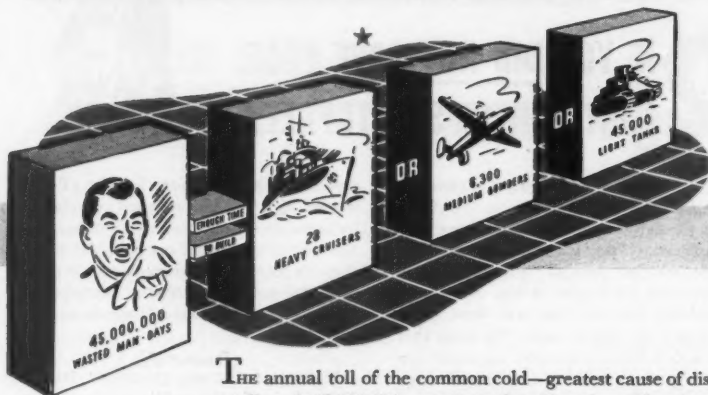


IT'S THE SAME "PRESTONE" ANTI-FREEZE, no matter which container it comes in—metal can or glass jug. To conserve metals for wartime use, the familiar "Prestone" anti-freeze can was discontinued early this season, and the sturdy new glass jug was substituted. Your dealer may have cans or jugs or both. Buy either. No difference in the "Prestone" anti-freeze they contain.

★
★
Your Contribution to Victory . .

★
45,000,000

ADDITIONAL MAN-DAYS OF PRODUCTION



THE annual toll of the common cold—greatest cause of disability—is 45,000,000 man-days of working time. Therefore, the American Physician can make a tremendous contribution toward victory by protecting as many patients as possible against this prime saboteur of the nation's health.

ORAVAX

Brand of Oral Catarrhal Vaccine

Protects Against Colds

Controlled clinical studies, reported in current medical literature, demonstrate the effectiveness of oral vaccination with Oravax in reducing number, severity, and duration of colds. Reprints of these reports are available on request.

Oravax is inexpensive, painless, and free from severe reactions. Suggested dosage is one tablet daily for 7 days, then one tablet twice weekly throughout season when colds are most prevalent.

For your prescriptions, Oravax is available at the pharmacy in bottles of 20, 50, and 100 tablets.

THE WM. S. MERRELL COMPANY * Cincinnati, U. S. A.
Founded 1828

Trade Mark "Oravax" Reg. U. S. Pat. Off.



Good Morning, Nurse!

Not every charity patient accepts our city's tender mercies with equal grace. A particularly cynical beneficiary was Mrs. Nolti, a remarkably multiparous lady, whose last *accouchement* was attended at her home by Interne Clements. Two days after the event, when Dr. Clements dropped in to see how the lady was getting on, he found her holding an ice bag to her bosom.

"Are you having trouble with your breasts?" asked Clements.

"Oh, no!" quoth the lady, with elaborate sarcasm. "No trouble. I only do this to keep the milk fresh."



From the arm-chair Hippocrates:

My difficulty in handling neurotics is that whenever I deliver the good news that there's nothing wrong, I feel apologetic and the patient feels insulted.



For several years now, Dr. Emil Ergenzweig has been on the alert for periarthritis nodosa. The fact that only five proven cases have been seen at the hospital in the past three years has not dis-

couraged him from making the diagnosis at least once a month. The closest he has yet come to success was last week, when he diagnosed periarthritis nodosa in the case of Bert Williams, and the patient in the next bed died of it.



An urgent call from the home of Colleague Kirby got me out of bed during the night. His three old-maid daughters met me at the door, all flustered and stumbling over each other to explain their father's sudden chest pain. Upstairs I found the old boy sitting on the edge of the bed, sweating and cyanotic, cursing a purple streak:

"Damn house full of damn hoot-owls, nothin' but damn females. Hello, Doctor. I ain't goin' to no damn hospital. Minute I get sick, what do you think my wife does? Starts goin' through all my desk drawers looking for my damn insurance policies!"



For the tracheal compression caused by Paul Harrin's aneurysm, the heroic measure of removing the three upper ribs was

A Decade of Progress in Hemorrhoidal Therapy

STOPS HEMORRHOIDAL PAINS WITHIN 5 MINUTES



The medical profession during the past ten years has prescribed RECTAL MEDICONE with ever-increasing confidence and approval. Clinical experience in many hundred thousand cases proves that RECTAL MEDICONE stops hemorrhoidal pain within 5 minutes.

Its action is not limited to palliation alone. The prolonged anal anesthesia induced by the suppository breaks the vicious circle of intense pain and inflammatory reaction, so that—under regulation of the patient's mode of life—bleeding ceases and engorged veins retrogress. A state of quiescence which favors healing frequently ensues.

The wide and constantly growing employment of RECTAL MEDICONE attests most eloquently to the foremost place which it has attained in its field.

MEDICONE COMPANY

225 VARICK STREET, NEW YORK

RECTAL-MEDICONE

decided on. Just as elderly Dr. Ramsey finished scrubbing, the problem suddenly solved itself in a sudden massive hemoptysis from the ruptured aneurysm. Dr. Ramsey, gazing upon Mr. Har-
rin's remains, continued to dry his hands deliberately, then spoke:
"I'm reminded by this that

some of the younger men around here have had a little fun about my habit of taking a full ten minutes to scrub.

"Here is a lesson for them to remember. If I had scrubbed a little less, someone might be suing me tomorrow for a million dollars."
[Turn the page]



Narcotic Permits While in Service

Physicians on active service with the fighting forces do not need narcotic permits. A private practitioner, within thirty days after receiving his orders to report for military duty, is expected to make known his changed status to the Collector of Internal Revenue. This is done by writing across the face of the regular renewal form (No. 678); "I am on active service with the [army or navy] at [name of station]." The form is then deposited in a special file so that the doctor will not be classed as delinquent. Upon his return to private practice, he can get back his old permit number.

Supplies of narcotics on hand when the physician gets ready to report for military duty may be disposed of in one of two ways:

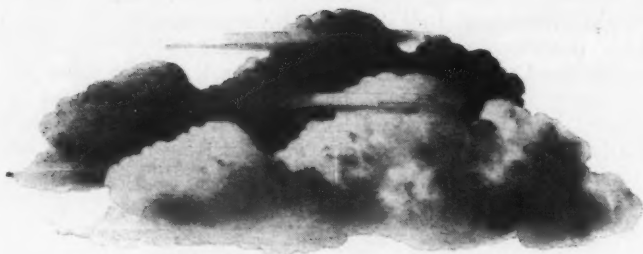
(1) They may be transferred to another practitioner. To do this, the doctor requests permission from his nearest Collector of Internal Revenue, at the same time describing the

narcotics he has in his possession and specifying the name and address of the colleague to whom they are to be transferred. The transfer is made legally complete when the departing doctor receives a regular order form from the medical man to whom the narcotics have been transferred.

(2) If narcotics on hand are of inconsequential value, they may simply be turned over to the Bureau of Internal Revenue. No payment is made for them.

Discontinuance of his permit naturally bars the physician from prescribing narcotics for private patients and from having such drugs in his personal possession. Only in his official service capacity may narcotics be administered by him.

Narcotic prescription books should be kept in some safe depository for use upon discharge from the service. They should not be returned to the Bureau of Internal Revenue.



When depression accompanies more fundamental pathology

In many patients, depression may occur as an accompaniment of some more fundamental pathology, either organic or psychogenic. In such cases, the physician should bear in mind that, while Benzedrine Sulfate will not affect the underlying condition, its stimulatory effects may help to alleviate the concomitant depression which so often interferes with the management of the case.

Benzedrine Sulfate Tablets



Benzedrine Sulfate is primarily useful in depressions characterized by apathy and psychomotor retardation, but is contraindicated in patients manifesting anxiety, hyperexcitability, or restlessness.

The use of Benzedrine Sulfate by normals should not be permitted; it should always be administered under the careful supervision of a physician; and depressive psychopathic cases should be institutionalized.

In treating depressed patients with Benzedrine Sulfate, the physician should bear in mind that any drug which produces pleasant or euphoric effects may prove to be habit forming—especially in unstable or neurotic individuals.

SMITH, KLINE & FRENCH LABORATORIES, PHILADELPHIA, PA.

★ Much has been said about the male climacteric, mostly by imaginative gentlemen who have for sale vari-colored splashings from the Fountain of Youth. The only patient who has come to my notice with a convincing counterpart of the female menopause is Silas Wenn, fifty, who, twenty-four years after losing half his scrotal contents to a piece of shrapnel, had the misfortune to develop cancer in the remaining half.

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A, P.A.

It was not local symptoms that troubled Mr. Wenn. What brought him to the office were hot flashes, nervousness, and insomnia—just like those his wife had been having for several months. Could it be, Silas wanted to know, that he'd caught the change of life from her?

in the allotment of priorities, a minor problem that threatens to engross the allotters is the distribution of rubber for the manufacture of contraceptives. The question will be whether to continue as at present and divert rubber needed for war purposes, or to withhold the rubber and later be faced with an increased demand for rubber pants, rubber nipples, and rubber bottle caps.

If a good mark can ever be found for the Japanese war-lords, it may be that with the deviousness of destiny some thousands of future Americans will owe their

existence to the temporary occupation of the Malayan plantations.



A man is never safe against his own enthusiasm. Ever since Miles Gillen began to dabble in immunology, there is hardly an ill that flesh is heir to that cannot be cured with a specific serum. When he came out last week
[Continued on page 116]

Compulsory Insurance

[Continued from page 43]

ice in this country is equal or superior to any service offered to the general public in any other nation in the world.

DR. MILES ATKINSON:

Nobody likes to be compelled, nevertheless compulsion is sometimes necessary for the common good; and health insurance would seem to be one of those instances, for voluntary schemes apparently make little appeal to either doctors or patients.

Suppose, however, that we do *not* have state-aided community health insurance. What other plan can we offer the man who cannot afford the voluntary schemes? Some subsidy is essential for him. And now that the wells of private charity are drying up, where else can he look for subsidy than to the state? If state-supported insurance is unacceptable, for reasons which I personally cannot see, the only

*Factors influencing success
with **ERTRON** therapy in Arthritis*



A clinical appraisal of the literature on ETRON therapy to date again emphasizes the value of *Ertronization* in arthritis.

Some of the important points in management gathered from recent articles are the following:

SELECTION OF CASES

Reporting on 200 ETRON-treated cases, Snyder, Squires, Forster, Traeger and Wagner (*Indust. Med.*, 7:11, 295-316, July, 1942) found a higher degree of improvement in rheumatoid arthritis than in osteoarthritis. The rheumatoid type is by far the more common, but the clinician should keep this variation of results in mind when outlining therapy and prognosis.

TO ASSURE SAFETY

No toxicity was found in 98 cases reported by Steck (*Ohio State M. J.*, 38:5, 440-443, May, 1942). As a precautionary measure, however, the dosage should be gradually brought up to the maintenance level (Snyder and Squires: *New York State J. Med.*, 41:23, 2332-2335, Dec. 1, 1941).

ADEQUATE DOSAGE

The necessity for adequacy of dosage in ETRON therapy is to be noted. The consensus of opinion is that a maintenance dosage of 6 capsules daily (occasionally more) should be continued for six months or longer, unless considerable improvement occurs within a shorter period.

ADJUNCTIVE THERAPY

In a clinical study of over 300 cases, it was pointed out that each patient presents a separate and distinct problem (Farley, R. T., Spierling, H. F. and Kraines, S. H.: *Indust. Med.*, 10:8, 341-352, August, 1941), and must be treated nutritionally, psychologically and physically to obtain maximum benefit.

ETRON®

—the only high potency, activated, vaporized ergosterol (Whittier Process)—is made only in the distinctive two-color, gelatin capsule.

*Products of Nutrition Research Laboratories are
promoted only through the medical profession.*

*Reg. U. S. Pat. Off.

NUTRITION RESEARCH LABORATORIES

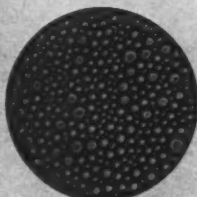
Chicago, Illinois

ANGIER'S EMULSION

is timely

The formula
contains no sugars,
alcohol or narcotics

•
*Clinical sample
on request*



Note uniformity of
dispersion, magnified
1900X

This widely prescribed therapeutic adjunct is particularly valuable in the treatment of coughs due to colds because of its dependable, persistent action and desirable degree of safety.

Aside from its tendency to soften and dislodge viscid secretions in the throat and assist in their expulsion, it serves to reduce the frequency and severity of cough seizures. Of unusually high viscosity, it provides a tenacious protective coating to the membrane of the throat and lessens the possibility of leakage embarrassment.

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other solution possible is a whole-time state medical service.

DR. MORRIS FISHBEIN:

The American medical profession has not been static. More than 300 of the 2,000 county medical societies in the United States and fifteen of the State societies are conducting investigations and experiments in changing the nature of medical practice.

Bear in mind that no compulsory sickness insurance plan existing in the world today, and particularly not the one in England, covers in any way the care of the indigent. Nearly every medical organization is cooperating in this country with public and private agencies in organizing better medical care—but not by compulsion. Compulsion is not the American way. Compulsion leads to a slavish, not a democratic population.

Here are some of the chief reasons why the medical profession in this country is opposed to compulsory sickness insurance:

Such methods do not decrease the cost of medical service, but add to the cost. In most foreign countries that means two government employes for every doctor employed in the service.

There is no evidence that preventive medicine is further advanced in countries that have compulsory plans than it is in the United States. Morbidity and mortality rates in the United States are as low or lower than those in most foreign countries.

Under compulsory plans, medical resources are frequently wasted in unnecessary treatment of minor diseases, and serious illnesses are neglected. In Great Britain they provide only a general practitioner service. The patient, if he gets anything very serious, has to have a voluntary hospital give him free service and has to have the paid services of a specialist.

Under these systems, one kind of care is given to one class of the public, and another kind of care is given to the people under sickness insurance.

The contribution of the worker is deducted from his wages. The employer's contribution is added to the cost of the goods that the worker buys. The taxes that he pays represent the government's contribution. The worker pays from three different pockets, but it is all the worker's money. Thus the Government does for him what he has been used to doing for himself in the past in this country, but it requires two additional employes for every doctor used in the service in order to give him a lower quality of sickness care, for more money, than he has been having.

PANEL DISCUSSION

DR. FISHBEIN: I would like to ask Mr. Granik to justify one of his statements, namely, that 40,000,000 people in the United States are unable to pay for medical care. If [that is the case], we should have the longest disabil-

ity rates and the greatest amount of sickness that exists anywhere in the world.

MR. GRANIK: I would rather pass that on to Dr. Boas.

DR. BOAS: I don't know that I subscribe to those absolute figures, but I want to take up a statement of Dr. Fishbein's with which we all agree, that we in a democracy want to give equal medical care to all of our citizens. In a recent analysis by the AMA it was shown that the number of physicians in the population depend on the income of the locality. In South Carolina there is about one physician to 1,400 people. In the Middle Atlantic States there is one to 700.

DR. FISHBEIN: In the United States we have always had one doctor to about 725 people. In Great Britain there is one doctor to 1,480, and in Sweden, which is pointed to as the finest example of a state-controlled system, there is only one doctor to 2,890.

DR. ATKINSON: That shows how economically compulsory insurance can be done. Half as many doctors can do twice as much work.

DR. FISHBEIN: Who says they do twice as much work? The facts are that in Sweden the death rate from cancer, where they have immediate free cancer service, free transportation, free cancer hospitals, is higher than ours.

DR. ATKINSON: Yes, but the cancer rate itself is higher.

DR. FISHBEIN: That is what I said. They have more cancer.

DR. BOAS: We know today that among the poor sickness is much more prevalent than among people with an income of \$3,000 or more.

DR. FISHBEIN: So are children.

DR. BOAS: The relief population had about 47 per cent more acute illness and 87 per cent more chronic illness than those in the better income groups, yet they had infinitely less medical care. A Government scheme which makes these financial adjustments will distribute medical care properly.

DR. CARY: I don't think under any former system that has been used anywhere the people all have equal medical service.

DR. FISHBEIN: Dr. Cary's statement is sustained by the conditions in England. I do not believe that anyone would say that the person under national health insurance in Great Britain gets the same quality of care that is given to that proportion of the population that employ their own specialists.

DR. ATKINSON: I don't think I agree with you, Dr. Fishbein. I think it is a grave calumny on the integrity of the profession in any country to say that the quality of their work depends upon the size of the fee they receive for it.

DR. FISHBEIN: No one has even intimated that this is true of our profession or of the British pro-

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fession. The point I want to make is that one needs merely to read "How Green Was My Valley," "Love on the Dole," or "The Citadel" to get an unbiased observation of the way medical care is administered in certain sections of Great Britain.

DR. ATKINSON: I would suggest a better book for you to read, Dr. Fishbein, than "How Green Was My Valley" [namely] the Interim Report of the Planning Commission of the British Medical Association.

DR. FISHBEIN: I have finished reading the Interim Report of the Planning Commission in Great Britain. I have also just read an editorial that has come from Great Britain within the last two weeks. They are proposing now that patients treated under the National Insurance Act shall not be entitled to call any doctor who is more than five miles away.

DR. ATKINSON: They have no petrol in the country.

DR. FISHBEIN: That is too bad. We are rationing our petrol, but we see to it that our doctors get to see their patients.

DR. BOAS: That brings us again to the doctor-patient relationship. As a matter of actual practice, among our poorer patients there is no such thing, or very little of it. Careful studies show that the average patient in the lower income groups shops around from doctor to doctor, and from clinic to hospital, and if you follow their medical careers over a number of years you find that they have had no family physician at all. The idea that the doctor-patient relationship will be ruined by health insurance is incorrect. The point is that instead of payment of the physician coming from the patient alone, it will come from a source that will enable the doctor to treat the patient properly.

DR. FISHBEIN: The National Health Bill, proposed in the 1938 Health Conference, provided that there be expended by the government, in addition to the funds now expended, a total of \$2,600,000,000 a year, to be raised by an additional 5 per cent tax on the payroll, coming from the worker and the employer, in order to

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provide everybody with medical service under the government. Obviously, that sort of plan would cost the worker far more for what he would get.

DR. BOAS: Such administrative costs need not at all be so out of proportion. The fact remains that the public wants full coverage medical service, but is not prepared to pay the cost.

DR. ATKINSON: Thirty million people are said to be short of medical care, and the figures seem to be fairly conclusive.

DR. CARY: Soon after that statement was made the mayor of every city of the United States was requested to make some statement regarding the fact that these people had no medical service, and there wasn't a single answer from any mayor stating that his people were without medical care.

DR. BOAS: Dr. Cary, there are scores of patients of my own.

DR. FISHBEIN: Dr. Boas, you are talking about New York. I have traveled over the entire United States, and I can assure you that several of the statements that have been made here as to the illness and lack of medical care are distinctly in the field of propaganda and not in the field of fact. The statement was made by Mr. Granik that the discharge of 1,000,000 men under the draft was a reflection on the quality of the health of the people of the United States, but it is impossible to consider that without

taking into account that we set up the highest standard of physical fitness ever set up for an army anywhere in the world. There was no other army in the world that had ever counted teeth before.

DR. BOAS: Dr. Fishbein, what about dental care? You know as well as I do that the average working man gets practically no dental care, except to have his teeth pulled. They rot in his mouth until he can't stand it any longer, and then he has them pulled.

DR. FISHBEIN: We have an audience of working people out here. Let them show me mouths full of festering teeth and lacking dental care.

DR. BOAS: If I say to an average patient of modest income, "I think you need an x-ray of your stomach," the immediate response is, "I can't afford it."

DR. FISHBEIN: That's New York.

DR. BOAS: And the same thing applies to Alabama and Mississippi and South Carolina and country districts out West, for the average farm income is smaller than the average urban family income.

DR. FISHBEIN: I am glad you mentioned the farmer because the Farm Security Administration has already included under its plan of medical care, cooperating with the county medical societies, a total of 135,000 families out of some 780,000 families in the United States, and that

plan is being extended with the cooperation of the medical profession as a system of paying for medical service and providing the farmers with good medical care.

Post-War Aid for M.D.'s

[Continued from page 58]

A second plan calls for creation of a central fund to which all physicians would contribute a specified percentage of their *net* incomes. The money would be used to supplement the salaries of men in military service.

Another proposal is that the Westchester society simply recommend that doctors called into service arrange with civilian physicians, on an individual basis, to take over their practices for the duration, and that 50 per cent of fees collected be reserved for absentees.

A fourth plan provides that physicians in each community set aside a proportion of their *gross* incomes for a fund, the proceeds of which would be distributed to doctors in military

service according to some equitable formula.

The San Francisco plan, which went into effect June 15, calls for voluntary contributions to a fund administered by the society. Ten dollars a month has been set as an equitable minimum contribution, but each participant is free to give more or less. This flexible arrangement is a concession to the large number of doctors who feel that payments should be scaled according to income.

If the scheme works, doctors needing financial aid after the war will be offered either interest-free loans or outright gifts. Moreover, assistance will be granted to families of physicians away on war duty in cases of unusual, temporary need. The money will *not* be used to supplement the incomes of doctors in the armed forces.

The idea behind the plan was born as long ago as last December. By April it had crystallized to the point where a referendum was held in which members of the society were asked to express themselves on the following



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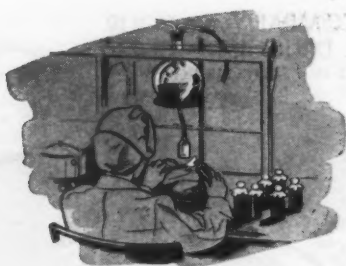
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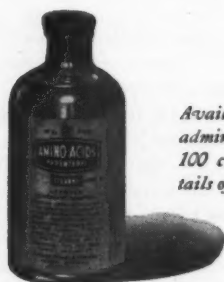
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points: Do you favor such a fund? What amount of contribution do you favor? Should contributions be voluntary or compulsory?

Ballots were mailed to 952 members. Of the 425 who voted, 63.4 per cent favored creation of the fund, and a slight majority wanted contributions to be compulsory. How the 527 who did not fill out ballots felt about the plan is anyone's guess; an opinion-research expert would probably conclude that most of them lacked interest in it.

The board of directors settled upon voluntary contributions because it felt compulsory payments would work a hardship upon members in the lower income brackets. It feared that what amounted to a \$120 a year increase in dues might drive some of these men out of the organization.

A committee of three has been appointed to work out a formula to deal with the following problems: an equitable method of apportioning benefits; the question of whether outright gifts or interest-free loans shall be granted; and the ultimate disposition of any unused balance. In connection with the last point, a popular suggestion is that surplus funds be transferred, after

a reasonable period following the war, to a permanent medical benevolence fund for aged and needy members.

The society thinks the program will work out something like this:


After all military demands have been filled, San Francisco will have about 540 doctors left in civilian practice. Of this number, about 450 will presumably belong to the society. If each paid \$10 a month, \$54,000 would be collected annually.

"Suppose that eventually about 400 San Francisco doctors go into the services," says Dr. L. Henry Garland, secretary of the society. "There is a fair chance that about half will be in partnerships or hold positions in hospitals, schools, or other institutions, to which they may return. Of the 200 left, about half may remain in some form of government work with, say, the army, navy, or public health service. That will leave, roughly, 100 who may have small means of re-establishing themselves in practice on their return.

"A few of the 100 may have had senior commissions and fair incomes from which they were able to save. Others, with lower commissions, large families, or exceptional expenses, will prob-

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ably face severe financial problems. For example, a man, with five growing children or a sick wife would need assistance. An interest-free loan of, say, \$1,000 would help him pay office rent for a few months, acquire necessary instruments and equipment, and keep him going until some money started to come in. A large fund would enable the society to make outright gifts; a smaller fund would permit interest-free loans. If the fund allows, it may be desirable to make an outright gift of half a year's income to men who have given up so much to serve their country and their fellows."

Dr. Garland admits that the fund, which on September 1 amounted to only \$5,100, may not be able to meet the immediate demands of families needing help. However, he does not expect members to draw upon the fund for at least a year. He says it is likely that doctors have accumulated reserves for emergencies.

There is considerable diversity of opinion among San Francisco physicians concerning the merits of the fund. Of sixteen M.D.s selected at random and interviewed by MEDICAL ECONOMICS, half approved of the fund while the remainder were either uncertain, opposed, or disinclined to comment, with the implication that comment would be unfavorable.

Those who endorsed the plan did so for the reasons already

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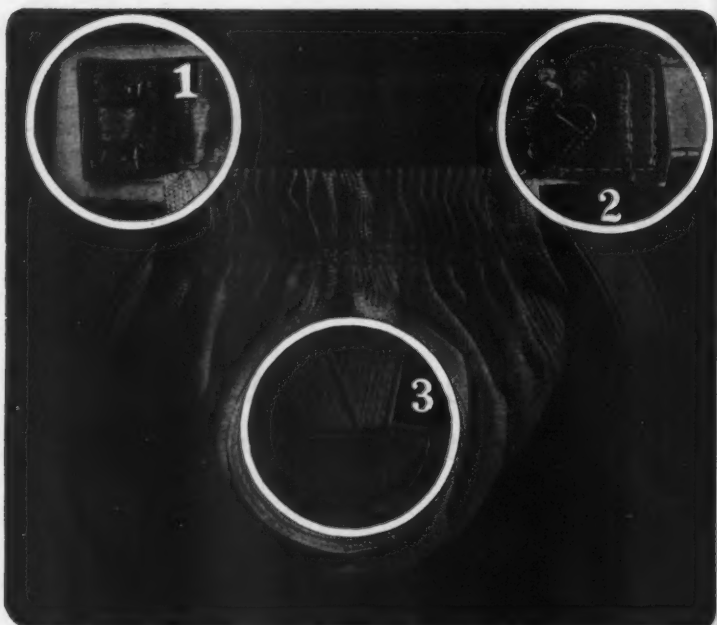
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mentioned. Those who disapproved felt that there is no sound reason or need for the fund; that compensation of medical officers is adequate; that the plans smack of paternalism; that a fund large enough to do real good could not be accumulated; or that there will be socialized medicine after the war with the result that individual aid won't be needed.

Individual physicians expressed themselves thus: "I voted for it and consider it a splendid idea," one doctor said. "My only doubt concerns the amount of the contribution. I do not think anyone should give less than \$5 a month, but it is a hardship for some to give \$10. Others can easily give \$25 and are already doing so."

Another physician said: "I think it is an excellent plan. However, I think contributions should be pro-rated on the basis of income. If a doctor takes over the practice of one going into the service, he should certainly give substantially more than others."

A young specialist, who expected to go into the army soon, said: "The service provides adequate incomes, and some of those called upon to contribute may be earning less than the drafted men. Moreover, my personal feeling is that a majority of doctors would be skeptical concerning the administration of such a plan by a medical society. The money collected might not serve its intended purpose."

Remarked a general practitioner:

"When a medical man gives up his practice, and maybe his life, while the rest of us stay at home, the least we can do is to make sure his family will not be subjected to privation and that we will be in a position to help him rehabilitate himself on his return. If twice the suggested amount were asked of us, it would not be too high."

Another doctor favoring the plan said: "We have arranged to give our absent partner a percentage of our income, and we are taking care of his clientele. We prefer not to mention the amount of percentage.* Many partnerships are following this procedure. However, we think that where a man is alone, some means of giving him a lift when he returns should be available. The fund will serve this purpose."

"I feel some embarrassment in commenting since I expect soon to go into the service myself," another doctor said. "However, many of us have thought for some time that a plan should be worked out, primarily to insure that the family of an enlisted doctor will not suffer financially. I do not think any of us would expect to have our former standards of living underwritten. But if emergency or disaster struck our families, it would be a relief to know there was some help in view. My

*The San Francisco County Medical Society recommends that from 15 to 33 1/3 per cent of gross fees be allocated to absent partners in cases of this kind.

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feeling is that aid to families of men in the services should be the first aim of the fund."


A well-known surgeon thought the idea excellent, adding: "I believe this should be undertaken on a national scale."

Three women physicians who were interviewed declined comment and appeared to oppose the plan.

A prominent specialist who expected to go into the service castigated the idea roundly: "Every doctor goes into the army as a doctor," he said. "His wife gets an allowance if he is married. His income is sufficient to take care of his needs; in fact he can't spend what he will draw, and certainly should be able to save. I regard the proposal as paternalism of the worst order. It suggests that the medical man is not capable of taking care of himself. Furthermore, the plan is impracticable. Contributors will soon lose interest. In any case, whether we like it or not, we shall have socialized medicine after the war."

The San Francisco plan is unique; no other medical society has tried such an ambitious program. Whether it proves successful depends, of course, upon the degree of cooperation it gets from members. It is significant that one of the most frequent objections raised against it is that physicians will soon lose interest, and that contributions will lag. The fact that only \$5,100 had been collected by the first of Sep-

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tember, two and a half months after inauguration of the plan, would seem to indicate that enthusiasm is far from high.

—ELSA GIDLOW

Telephone Stockholder

[Continued from page 54]

ander Graham Bell's invention of the telephone sixty-six years ago, the dividend has never been altered except upwards.

Revenues are climbing faster than ever in wartime. However, taxes are showing an even higher rate of gain. Revenues last year were up \$124,000,000 yet profits actually declined \$19,000,000. The reason: Taxes had increased 44 per cent over 1940. Company officials have estimated that the proposed 1942 corporate tax rate may reduce Telephone's current earnings of about \$10 a share by as much as \$4 a share.

It's true that the \$9 annual dividend rate was maintained throughout the depression, although from 1932 through 1935 there was not a single quarter in which earnings measured up to dividend requirements. But depressions pass and the economic cycle turns upward again. At least it's always happened so far. Now, however, the situation is vastly

different. No one knows how long the war, with its heavy tax load, will last. And when it is over, two-thirds of the cost will remain to be paid from future taxation.

When Telephone dropped some thirty points earlier this year, Wall Street expected an immediate cut in the dividend. However, payments were made at the regular rate in February and again in May. Since then there have been additional indications of a possible change in rate. In discussing dividends at the annual meeting, company president Walter Gifford said, "There are too many uncertainties ahead to say what it might be wise to do if, due to wartime taxes and not to depression, earnings again should not cover dividend requirements."

Nearly a dozen of Telephone's twenty-one operating subsidiaries have reduced their dividends to the parent company. Even though the regular AT&T dividend was declared again in August, Wall Street still expects a downward adjustment in the \$9 rate after the tax bill passes Congress and the company is able to gauge its full effect on earning power.

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Words, claims, clever advertising do sell plenty of products. But obviously they do not change the product itself.

That PHILIP MORRIS are less irritating to the nose and throat is not a claim. It is the result of a difference in manufacture, *proved** advantageous over and over again.

But why not make your own tests? Why not try PHILIP MORRIS and *confirm* the effects for yourself.

PHILIP MORRIS

PHILIP MORRIS & Co., LTD., INC.
119 FIFTH AVENUE, N. Y.

* *Laryngoscope*, Feb. 1935, Vol. XLV, No. 2, 149-154
Laryngoscope, Jan. 1937, Vol. XLVII, No. 1, 58-60

would be regarded as a matter of front page importance by the press. It might also appropriately be carried on the woman's page, since more than half the stockholders are women. The Sun Life Assurance Company of Canada is understood to be the largest shareholder, although there are no single holdings amounting to even 1 per cent of the stock. More than 200,000 holders own five shares or less while the average for all stockholders is twenty-nine shares.

Telephone is as near a monopoly as any company in private American industry. Yet its large number of small stockholders, plus its service record, restrain the trust-busters from bringing antitrust charges. Obviously, the huge investment required in giving the Nation adequate telephone service places American Telephone beyond the reach of effective competition.

REGULATION

The company is, of course, subject to regulation by the forty-eight States and by the federal government. The regulatory bod-

ies are concerned primarily with rates and service, although they did force AT&T to give up control of the Western Union Telegraph Company many years ago. More recently, they have indicated in no uncertain terms their opposition to rate increases as an offset to war taxation.

In World War I the Government took over the telephone industry lock, stock, and barrel. Fixed charges and stockholders' dividends were paid at the rates prevailing when control was assumed. This time it appears extremely unlikely that similar action will be taken. Even New Dealers admit that private management, in this instance at least, is doing a much better job than bureaucracy could.

During the depression Telephone had the plant to handle much more business than there was available. It was clear, though, that earnings would come back to normal levels as soon as business picked up. The company faces no such wartime prospect. Today it has all the business that can be handled. [Turn the page]

GLYKERON . . . a double-action antitussive

because it is

1
MILDLY
SEDATIVE



2
STRONGLY
EXPECTORANT

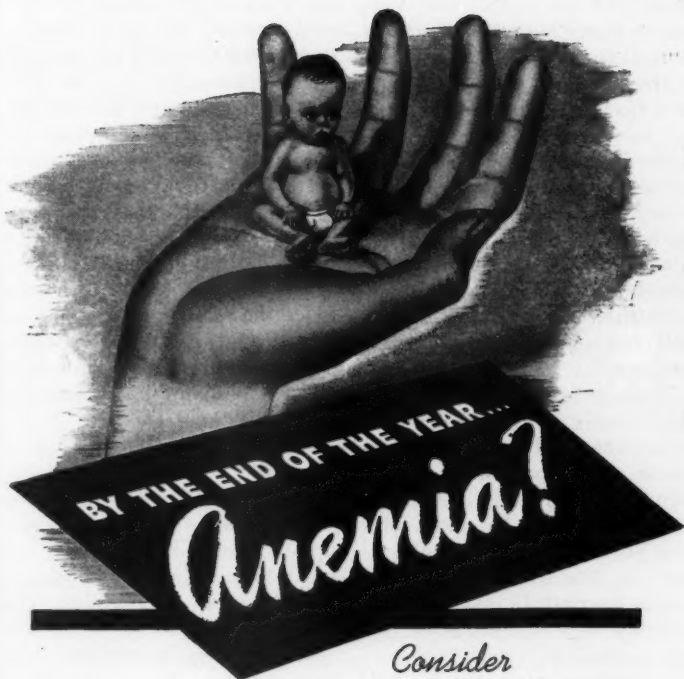
• It aids in breaking the vicious circle of coughs that are uselessly irritating or unproductive.

Dosage: For adults 1-2 teaspoonfuls every 2-3 hours or longer; children in proportion.

Supplied: In 4 oz., 16 oz., and half-gallon bottles.

May we send you valuable brochure?

MARTIN H. SMITH COMPANY, 150 LAFAYETTE STREET, NEW YORK, N. Y.



Consider
HEMATINIC PLASTULES*

The value of including liver extract with iron in treating secondary anemias in young children as well as adults has been demonstrated.¹ In addition to the changed blood picture, patients' appetites improve, irritability disappears, activity and alertness increase, and there is a rapid gain in weight. In such cases Hematinic PLASTULES with Liver Concentrate are of therapeutic value. Each Plastule contains the equivalent of 52½ grains of fresh whole liver. The iron content is 2.5 grains of dried ferrous sulfate U.S.P.X. per Plastule. Suggested dosage—2 PLASTULES three times daily. Supplied in bottles of 50, 100 and 1000.

1. Maurer, S., Greengard, J., and Klover, O.: "The Value of Liver Extract and Iron in the Anemia of Young Infants." J.A.M.A. 96:1099:1932.

*Reg. U. S. Pat. Off.

THE BOVINE COMPANY • 8134 McCORMICK BOULEVARD, CHICAGO, ILL.

The billion dollars' worth of new plant and equipment added since 1935 are in full use. Volume in important war centers has jumped from 100 to 500 per cent in the last year or so. Civilians have been asked not to make unnecessary calls. There are priorities on new installations, extensions, and replacements due to war material shortages. For the first time since the company advertised in 1877 "to transmit speech through instruments not more than twenty miles apart," Bell companies are turning down business.

Taxes, it is easily seen, are the chief worry of the Telephone stockholder. But that risk is present in all common stock investments today. Another element of risk is regulation. Company officials point out that the Bell System has done well under regulation in the past. In general, however, the regulated industries are not too well off.

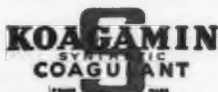
FAVORABLE FACTORS

On the other hand there are many favorable factors for the Telephone stockholder to con-

sider. For one thing, the company supplies an essential service. The average number of daily conversations in 1941 totaled nearly 85,000,000. While there is one telephone for every six persons in the country, the number in service is still far below the number of automobiles owned. Saturation of the market is thought to be quite distant, even though from 1925 to 1940 the number of telephone installations increased at an average rate which was twice the rate of our population growth. Only in three years (1931-33) has the company failed to show a gain in the number of telephones in service.

Some 60 per cent of all telephones in use are of the residential class. This means that most subscribers are in the middle and upper income brackets and are only moderately affected by general business fluctuations. The company rents its service, a fact that also serves to stabilize earnings.

Furthermore Telephone, like the chemical and petroleum industries, is especially research-



Rapidly effective hemostatic used parenterally wherever bleeding from capillary or vein is profuse or uncontrolled.

Send for book "Facts and Therapy in HEMORRHAGE". Free to physicians.

CHATHAM PHARMACEUTICALS, INC., NEWARK, N. J.





In Whooping Cough

DIATUSSIN

HAS A LONG RECORD OF SAFE, SYMPTO-
MATIC RELIEF. ITS PALATABILITY IS
ACCEPTABLE TO CHILDREN OF ALL
AGES AND ITS EFFICACY IN DROP DOSES
MAKES IT ECONOMICAL MEDICATION

*Supplied in 6 c.c. dropper-stoppered bottles
Also in syrup form*

ERNST BISCHOFF COMPANY, INCORPORATED
IVORYTON • CONNECTICUT

minded. In its Bell Laboratories the company has the largest industrial laboratory in the world. More than \$50,000,000 has been spent in the last five years alone on research and development. The Federal Trade Commission describes Telephone's research activities as embracing electronics, physics, chemistry, magnetism, optics, applied mathematics, radio telephony and broadcasting, sound and motion picture recordings, and therapeutic devices.

FINANCIAL CONDITION

The strong financial position of AT&T permits the distribution of practically all earnings to stockholders. New financing in 1940 and 1941 enabled Telephone and its Bell System to begin 1942 with cash resources of \$271,000,000 and net working capital of \$207,000,000. The company probably will husband its cash rather than draw on it extensively for dividends, as it is difficult for any concern to engage in public financing for working capital needs under present conditions.

In order to maintain its plant in top notch condition Telephone puts aside almost 35 cents of every dollar of revenue for depreciation and obsolescence. This compares with average depreciation reserves of only 17 cents for the

electric utility industry. Due to the scarcity of materials, maintenance and new plant expenditures will necessarily be restricted to bare essentials for the duration.

Much of the company's continuous growth has been financed through the sale of common stock to its shareholders by means of attractive purchasing rights. But in the past decade market conditions often have been unfavorable to this type of fund raising. Telephone's long-term debt has increased from slightly under \$1,000,000,000 to more than \$1,400,000,000 in the last ten years. This means that long-term debt constitutes 36 per cent of all capital obligations today as against 26 per cent in 1931. Yet prevailing interest rates have been so low that interest charges during the interval have declined from around \$65,000,000 annually to \$49,000,000.

President Gifford summed up the company's attitude toward its stockholders when he said, "The fact that the ownership is so widespread and diffused imposes an unusual obligation on the management to see to it that the savings of these hundreds of thousands of people are secure and remain so." [*Turn the page*]

DOCTORS ENTERING THE SERVICE

If you wish to receive MEDICAL ECONOMICS while on active duty, advise us immediately by post card when you change your address. We'll make every effort to see that the magazine reaches you each month.



THE NEW NAVY "E"-with-star—
awarded first to Bausch & Lomb—
is official recognition of continued
accomplishment in Production for
Victory. It symbolizes a singleness of
purpose that justifies any sacrifice
you or we may be called upon to make.

American War Birds Have Keen Eyes

FOR America's fighting forces, strictest requirements are imposed on the men who fly the fighter planes. Stamina, keen perception and split-second timing depend on condition. In the most critical physical examinations, particular emphasis is given to perfection of vision.

Several years ago, at the request of U. S. Army officials, Bausch & Lomb developed a special anti-glare glass for use in bright over-cloud flying. This glass, known as Ray-Ban, has the remarkable property of filtering out excess glare-producing light, at the same time transmitting most of the light useful for seeing. Army, Navy and airline pilots—as well as target shooters and motorists—have welcomed the cool, comfortable, keen vision that Ray-Ban affords.

So, again, and in still another way, Bausch & Lomb gives aid to America's all-out for Victory. Its other contributions, more obvious, include gunfire control equipment—range finders, binoculars, aerial height finders. Behind the scenes, but of no less importance, are the instruments of industrial research and production—metallographic equipment, spectrographs, toolmakers' microscopes, contour-measuring projectors. Bausch & Lomb eyewear products—eye examination instruments, spectacle lenses and frames—keep a nation of workers at top visual efficiency.

BAUSCH & LOMB
OPTICAL COMPANY • ESTABLISHED 1853

AN AMERICAN SCIENTIFIC INSTITUTION PRODUCING OPTICAL GLASS AND INSTRUMENTS
FOR MILITARY USE, EDUCATION, RESEARCH, INDUSTRY AND EYESIGHT CORRECTION

A Victory Based on Sound Strategy

Our natural abhorrence of an enemy that strikes below the belt spurred us to turn all of our resources against that saboteur of human happiness **BILE TRACT DYSFUNCTION.**

TRIKETOL, the new answer to these conditions, is crystalline tetrocholic acid in pure form. It is non-toxic and contains 100% of the active bile acid compounds, as the body needs them. In **TRIKETOL**, Endo offers the finest oxidized bile acid that is available for the relief of cholecystitis and associated gallbladder ailments, and for post operative management of biliary tract surgery.

TRIKETOL

for Biliary Tract Disorders

Among **TRIKETOL'S** many advantages are *greater secretory action, a more rapid drainage of the gallbladder, and an increased flow of bile to the duodenum.*

INDICATIONS FOR USE: Biliary stasis, except in severe mechanical obstruction; hepatic poisoning; liver insufficiency (cholangitis, cirrhosis or chronic passive congestion); cardiac disturbance associated with gallbladder disease; chronic cholecystitis, with or without stones unless severe obstruction exists; chronic constipation resulting from or associated with inadequate secretion of bile.

SUPPLIED in packages of 40 and 100 tablets of $3\frac{3}{4}$ grains each, at all prescription pharmacies.

Write for samples and literature.



ENDO PRODUCTS, INC., RICHMOND HILL, NEW YORK

Despite the possibility of a moderate reduction in the present dividend rate, Telephone stockholders in a war economy will undoubtedly fare as well as or better than stockholders in the more successful companies in other industries.

—RAYMOND L. HOADLEY

Medical Movies

[Continued from page 41]

tional Tuberculosis Association are some of the important producers in this group.

Pharmaceutical, suture, and instrument manufacturers. Among the biggest producers of medical films are well-known pharmaceutical and surgical supply manufacturers. One educational film produced by a manufacturer was shown 740 times over a two-year period to a total of 30,229 physicians. Incidentally, films released by manufacturers are frequently simon-pure scientific studies. Products sold by the sponsors are often not mentioned at all, nor is their use implied. To cite a single example, recent films on vitamin therapy underwritten by a pharmaceutical house make no reference to the firm or its products.

Commercial film producers. A number of commercial film producers occasionally make medical movies on their own initiative, but ordinarily they serve as consultants to individuals or groups who wish to have specific pictures made. Several firms make

a business of planning, photographing, editing, titling, and distributing medical films.

Incidentally, many medical films have a more complicated parentage than the above survey might suggest. It is not uncommon for a commercial sponsor, learning of a new technique developed by a physician, to offer to underwrite a film, with actual production details handled by a commercial producer. The film "White Battalions," a two-reeler for the general public emphasizing the value of hospitals, is a case in point. Its costs were paid by a foundation set up by a surgical instrument manufacturer; it was supervised by the American College of Surgeons; and it was filmed by a commercial producer.

SHAPES AND FORMS

A tabulation of the current list of 605 medical films approved by the American College of Surgeons reveals that:

More than 90 per cent are available in 16 mm. width—the standard size for most non-theatrical projectors.

About 38 per cent are in color. (The tendency is towards more color and fewer black-and-white films.)

Synchronized sound is used in 8 per cent. The comparative scarcity of sound projection equipment is responsible for the limited use of sound. However, the percentage of sound pictures unquestionably will increase as suit-

HARROWER ENDORPHINES



ENDOTHYRIN

Thyroid extract
(thyroglobulin)

Dependable potency
(iodine 0.62%)

Lower toxicity
(better tolerated—less
heart-stimulating effects)

**Samples and literature on
request**

The HARROWER LABORATORY, Inc.
GLENDALE, CALIFORNIA
NEW YORK CHICAGO DALLAS

Comfort in . . .

- ✓ Hemorrhoids
- ✓ Pruritus
- ✓ Fissure
- ✓ Cryptitis

An application of the soothing, decongestive Nuzine Ointment assures prolonged relief in painful anorectal conditions. Try Nuzine Ointment also in digital examinations in obstetrics and in routine diagnosis.

NUZINE OINTMENT

Supplied in 1-oz. tubes
with special applicator.

NUMOTIZINE, INC.
900 North Franklin St.
Chicago, Ill.



able projectors become more common. Producers recognize that the use of a lecturer's voice is more effective than printed titles, and that the sound of heartbeats, breathing, etc., adds to a picture's usefulness.

Some 64 per cent are complete in one reel. (A reel of 16-mm. film, containing approximately 400 feet, takes about sixteen minutes to run.) Of the remainder, 20 per cent are two-reel projections. A few have four or more reels.

COVERAGE

Although hundreds of medical movies are in existence, there are numerous gaps in subject matter; there also are frequent duplications. Asserts one physician who has produced many films: "There are far too many subtotal thyroidectomies (more than 100) and too many cholecystectomies and appendectomies. There are not enough films on pathology, anatomy, and clinical diagnosis."

This can be explained by the fact that until recent years the choice of subject was governed largely by photographic limitations and by a theory that the subject had to be photogenic. The development in the past five years of improved film technique—for example, fine-quality microphotography can now be done in color—and a broader realization of what can be effectively filmed, has begun to close the gaps. The war has also accelerated this trend. Many producers are now concentrating on such immediately utilitarian subjects as trop-



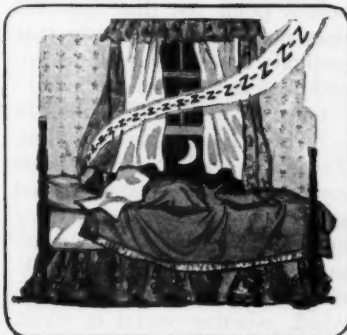
1. This could be one of your patients. The draft has taken so many men out of his office that he's doing the work of 3 men. He worries about the war, and taxes. It's hard on his nerves.



2. Now, more than ever, he needs to sleep soundly. But he's one who is kept awake by caffeine. However, he loves coffee, and can't resist. So he punishes his nerves with caffeine.



3. Then—he can't sleep. Result—he grows more nervous. So, you find him in your waiting room, asking for advice. In such cases, many physicians suggest: "Switch to Sanka Coffee!"



4. Sanka Coffee, you know, has had 97% of its caffeine removed, without removing any of the delicious flavor or delightful aroma. And . . . Sanka Coffee can't keep anyone awake!

SANKA COFFEE

REAL COFFEE . . . 97% CAFFEIN-FREE!



MAIL THE COUPON for a quarter-pound can of Sanka Coffee—free! Sanka Coffee is *real* coffee . . . *all* coffee. Only the caffeine comes out . . . the flavor stays in. For Sanka at its best, follow directions carefully. A product of General Foods.

GENERAL FOODS, Battle Creek, Mich. W.E. 10-2
Please send me, free and without obligation, a one-quarter-pound can of Sanka Coffee.

Name

Street

City State

This offer expires Nov. 1, 1945. Good only in the U. S. A.

ical diseases, the treatment of burns and fractures, surgical anatomy, etc.

DISTRIBUTION

How are new medical motion pictures made available to physicians?

Ordinarily, the producer submits his film to the American College of Surgeons for review and approval by a committee of experts in the subject covered by the film. The college of surgeons sanctions movies which meet its standards of scientific soundness, ethics, etc. (ACS reviewing boards point out that approval does not necessarily imply that methods described by films are endorsed as the best methods.)

Once a year the ACS publishes a revised list of approved films. Those approved in previous years are periodically reexamined, and kept on the list as long as they are considered useful. The annual listing shows the title, maker, year of production, topic, film width, whether sound or silent, colored or black-and-white, and the address from which it can be procured.

A number of other catalogues also list medical movies for exhibition. Among the best known are those published by the Mayo and Lahey Clinics and by the Bell & Howell and Davis & Geck companies. These organizations also maintain film libraries.

Medical societies, schools, and hospitals usually obtain films either from a library or from the producers. Many are lent gratis; for others a rental charge of a few dollars is made.

This distributing system, which sprang up unplanned, has its critics. Some physicians contend that there should be an authoritative clearing house to pass upon, publicize, and distribute *all* medical films. They point out that the ACS and other catalogues overlap; that disproportionate emphasis has been given to surgery; that many valuable films lack adequate distribution; and that there has been too little promotional work done to emphasize to medical societies the worth and availability of teaching films.

The distributing problem is be-

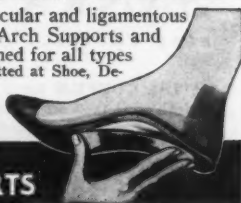
LOOK FOR WEAK ARCH

When Patient Complains of Rheumatoid Pain in Feet, Legs, Knees, Hips or Back

Rheumatoid foot and leg pains are often caused by muscular and ligamentous strain induced by weak or fallen arches. Dr. Scholl's Arch Supports and exercise help relieve this condition. Scientifically designed for all types of feet. Extremely light; RESILIENT; adjustable. Expertly fitted at Shoe Department, Surgical Supply Stores and at Dr. Scholl's Foot Comfort Shops in principal cities. \$1.00 to \$10.00 a pair. For Professional literature, write The Scholl Mfg. Co., Inc., 211 W. Schiller St., Chicago.

Dr. Scholl's ARCH SUPPORTS

Foot Comfort



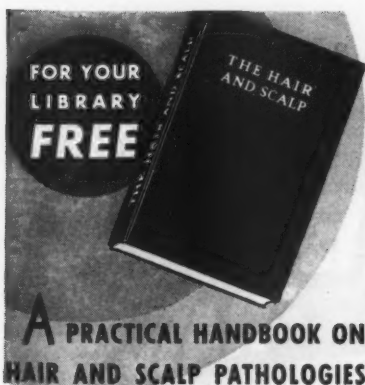


ARMY-NAVY PRODUCTION AWARD
". . . This award is your Nation's tribute to
the spirit of patriotism and production effort
of your plant and your employees . . ."

ROBERT P. PATTERSON
Under Secretary of War

★ The employees of Bauer & Black
take great pride in this recognition of
their war production effort, and pledge
themselves to make it increasingly
effective in the future.

BAUER & BLACK
Division of The Kendall Company • Chicago
Makers of Curity Dressings, Surgical and First Aid



This cloth-bound, 117-page handbook on "The Hair and Scalp"—published exclusively for the medical and associated professions—presents a concise yet authoritative review of the physiology, etiology,

SUBJECTS DISCUSSED

Pityriasis
Seborrhea
Alopecia
Folliculitis
Radiation Inj.
Eczema
Psoriasis
Hyperhidrosis
Falling Hair
Canities
Fragilitis

and therapeutics involved in various common scalp and hair pathologies, and their relation to general diseases. It constitutes a valuable "refresher course" on the clinical aspects of this frequently neglected subject, together with essential data on the well-known Parker Herbox agents for professional use in those cases in which local treatment is indicated. A

copy will be sent any physician on request.

25% Professional Discount

Parker Herbox preparations are available to physicians at a special Professional Courtesy Discount of 25%. Write for information on how to secure this discount . . . and for free selected samples.



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Gentlemen: Please send me postpaid, without charge or obligation:

- ☐ A copy of the book, "The Hair and Scalp" ☐ Samples of selected Parker Herbox Preparations
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Name

Address

City

ing attacked by a new group formed last June under the name of the American Committee of Biological and Medical Motion Pictures. However, the project still is in the blueprint stage, and observers are undecided whether an independent clearing house will result, or whether the ACS will enlarge its activities.

It is clear that the problem of reviewing, distributing, and promoting *all* medical films would be an immense job, requiring time, money, and hard work. The AMA maintains a small film library, but never has gone into the field on an ambitious scale.

Many doctors who have noted the disparity between the promise of teaching films and their current status believe the core of the problem is the need for promotion. Says one expert on medical films:

"The plain fact is that, with a few notable exceptions, medical societies and hospital staffs simply don't realize the value of films. Even when the average society gets around to showing a movie, it's too often just something of interest tossed into the program. Too rarely is it realized that films should be part of almost every well-considered instructional or refresher course.

"The essential task is to make more doctors, societies, and hospitals realize that hundreds of excellent films are to be had practically for the asking."

—H. V. CORYELL

SYMPTOMATIC RELIEF

During the next few months, there will be an increase in affections of the Respiratory Tract.

*Chest Colds
Bronchitis*

*Tonsillitis
Pneumonia*

*Tracheitis
Pleurisy*

Many clinicians have recognized the value of externally applied moist heat in relieving the troublesome symptoms so often present in these conditions.

*Cough
Muscular and Pleuritic Pain*

*Retrosternal Tightness
Soreness of the Chest*

ANTIPHLOGISTINE as a medicated poultice offers a convenient, easy to apply method of getting moist heat to the affected area. It may be used with Chemo-therapy or other special medications.

ANTIPHLOGISTINE, due to its formula, maintains moist heat for many hours.

Antiphlogistine

Formula: Chemically pure Glycerine 45.000%, Iodine 0.01%, Boric Acid 0.1%, Salicylic Acid 0.02%, Oil of Wintergreen 0.002%, Oil of Peppermint 0.002%, Oil of Eucalyptus 0.002%, Kaolin Dehydrated 54.864%.



The Denver Chemical Mfg. Co., New York, N. Y.

Good Morning, Nurse!

[Continued from page 79]

with a serum to control hiccough, I was strongly reminded of the famous Dr. R., who for many years was unable to investigate any disease without finding the streptococcus as its cause. Of him it was justly said that he was an excellent worker—exact, imaginative, and painstaking. But that early in his career someone had painted streptococci on his eyeglasses.



From the arm-chair Hippocrates:

I saw today one thing that dis-

tinguishes Interne Billings from his chief, Livingstone. The young fellow washes his hands carefully after examining the patient, the older man before.



As if we didn't already have enough these days to keep our cerebral convolutions supple and to prevent ankylosis of mental habits, we are jolted by one Nicholas Creegan. Three days prior to admission Mr. Creegan was in an automobile smash-up and suffered a lacerated scalp. Within three hours he began to vomit, and continued intermittently for seventy-two hours. On admission, he had the periorbital ecchymosis,

[Continued on page 126]



AN AID IN THE TREATMENT OF COLDS AND SORE THROATS

Glyco-Thymoline helps to remove sticky mucous secretions from irritated membranes, and its soothing properties quickly allay the patient's discomfort.

Prescribe Glyco-Thymoline for mouth, nose and throat prophylaxis throughout the "colds" season.

KRESS & OWEN COMPANY, 361-363 Pearl Street, New York

TUBERC
value fo
of the b
larynx
sinuses.

SKIN I
specific
a benefi
vulgaris
indolent

CARE
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HANOVIA LUXOR "S" ALPINE LAMP



THE MOST COMPLETE
ULTRAVIOLET QUARTZ
LAMP EMBODYING ALL THE
DESIRABLE FEATURES FOR
GENERAL PRACTICE AT AN
ATTRACTIVE LOW PRICE

NON-TILTING
INSTANT LIGHTING
FAST ACTION

IT HAS A WIDE
RANGE OF CLINICAL
USEFULNESS...

TUBERCULOSIS: Irradiation is of distinct value for patients suffering from tuberculosis of the bones, articulations, peritoneum intestine, larynx and lymph nodes or from tuberculous sinuses.

SKIN DISEASES: Ultraviolet radiation acts specifically on lupus vulgaris and often has a beneficial effect in such conditions as acne vulgaris, eczema, psoriasis, pityriasis rosea and indolent ulcers.

CARE OF INFANTS AND CHILDREN: The prophylactic and curative effects of ultraviolet

radiation on rickets, infantile tetany or spasmophilia and osteomalacia are well known.

PREGNANT AND NURSING MOTHERS: Prenatal irradiation of the mother, and also irradiation of the nursing mother, have a definite preventive influence on rickets.

OTHER APPLICATIONS: As an adjuvant in the treatment of secondary anemia, irradiation merits consideration. Also exposure of the lesions of erysipelas and a wide area of surrounding tissue has been shown to have a favorable effect.

*Complete information about all Hanovia Therapeutic
Apparatus will be sent upon request.*

HANOVIA CHEMICAL & MFG. COMPANY
Dept. ME-11
Newark, N. J.

Resettlement of M.D.'s

[Continued from page 48]

4. Difficulties of licensure if State boundaries are crossed.

So far, an admitted deficiency in resettlement planning has been lack of participation by local doctors most directly involved. These men have so far had no substantial voice in the discussions. PHS officials give assurance, however, that what might be termed the "doctor-in-the-street" view will be obtained and evaluated before such important details as subsidies, licensure, and assignment are finally thrashed out.

—F. H. ROWSOME JR.

Football Accident Insurance

[Continued from page 68]

provided medical examination, good coaching and safe conditions for playing. (2) The parents have previously signed a form allowing the student to play football or other sports and thus absolving the school of ill consequences. Since the parents are thus held liable in most instances, they are

glad to pay a small premium as insurance against accident hazards.

To understand how claims are settled, take young Wilbur as an example. Wilbur makes the school football team, then breaks his collar bone while tackling a player. Emergency treatment is given on the field by the team physician, after which Wilbur's family doctor is called in to take over.

The \$20 allowed by the fee schedule for a collar bone break may not settle the doctor's account, yet it will help. The association is explicit in stating that its fund is not intended to finance expensive remedial care, but rather to relieve suffering, lessen the financial burden, and aid in restoring the injured boy or girl to normal physical condition. Hence the purchase of extra medical care is a financial concern for Wilbur's family.

If Wilbur wishes to return to athletic competition following his collar break, and still get protection from the fund, he must file a reexamination report from an M.D., approving participation.

SEND FOR SAMPLES
HOLLINGS-SMITH CO.
Orangeburg, New York
Sample Carbox Bell, please.
M.E. 10
Name
Street
City

"My little girl eats them like candy"

says a New York physician.

A 6 grain tablet of sodium bicarbonate and aromatics so palatable the patient doesn't know he is taking soda—does know he receives almost instant relief.





in the treatment of **BURNS**

The road to recovery in severe and minor burns may be traveled more rapidly with the aid of Allantomide. • Allantomide (National) is

Allantoin Ointment 2% with sulfanilamide 10% in a greaseless base. • In many reported

cases common burns as well as second and third degree burns were successfully treated. In

common pyogenic infections sulfanilamide combats pyogenic organisms and Allantoin is the agent which stimulates granulation. In

second and third degree burns sulfanilamide is used to control infection. • Allantomide,

to be most effective, must come in actual contact with the contaminating organisms; therefore, adequate debridement is essential.

ALLANTOMIDE IS SUPPLIED IN ONE OUNCE TUBES AND IN FOUR OUNCE, ONE AND FIVE POUND JARS

ALLANTOMIDE

For further information on the treatment of burns, infected wounds, ulcers and skin grafting, please write the Medical Division.

THE NATIONAL DRUG COMPANY

PHILADELPHIA, PENNSYLVANIA

Otherwise he will be ineligible for benefits resulting from a second injury.

Over a five-year period, 7,337 individuals in 181 secondary schools in the six States have enrolled in the plan. During the 1941-42 scholastic year, claims were paid amounting to about \$3,600.

The association has recently announced a new, experimental "B" schedule to provide substantially higher benefits at an individual premium rate double the one now in effect. Thus, for a \$2 annual premium our Wilbur can get \$30 for his broken collar bone as against \$20 for the \$1 assessment.

—JOHN E. FARRELL

To a Doctor's Secretary

[Continued from page 71]

makes it natural for you to see both sides of a question, unswayed by personal interest. Thus, whether you show it or not, you are obliged to sympathize with a patient when he comes to you after leaving the hospital and says coldly or hotly,

according to his nature:

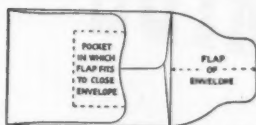
"I paid a hundred dollars for extras which were never mentioned beforehand. How do you expect me to pay the doctor on top of all that?"

Or, "I had to stay in the hospital ten days longer than the doctor told me. It took all my money. You'll have to wait until I get back to work and get caught up again."

You are further obliged to coax the fee out of him over long months of small payments grudgingly given, all because he feels you misrepresented the situation.

When a patient asks anxiously and earnestly for an estimate of how much money it will take to go through with an operation, it's usually a sign he's a good credit risk, seldom an indication that he's just "shopping around." He deserves a conscientious answer.

I remember reading somewhere that when one of the daughters of King Albert and Queen Victoria was married, Albert—a wise business man—wrote her a letter about regulating her expenses. He told her that after carefully



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Reg. U.S. Patent Office

Used Daily by Thousands of Physicians

Your patients will like this convenient pill envelope. It seals without being moistened and opens and closes without being torn. Send your order today.

Printed to your copy at these prices: 1000, \$2.85; 3000, \$7.25; 5000, \$10.95

Parcel Post prepaid within 300 miles; Express collect beyond 300 miles.

Need Bills? Order 1000 5 $\frac{3}{4}$ x7 with 1000 printed window envelopes for \$6.42

ASK FOR PRICE LIST AND SAMPLES

PERRY PRINTING COMPANY, New Bloomfield, Pa.

Specialists in Physicians' Printing for Over 20 Years



EVEN AN ANT CASTS A SHADOW¹

A single ant is frail and inconsequential, yet, magnified by numbers, its small efforts have cut the floor from under man's feet and brought the roof crashing about his head.

The common cold is likewise of little importance in itself: nearly everyone has experienced its debilitating but transient effects, and it is generally regarded as little more than a nuisance.

Nevertheless, accurate, nationwide surveys, conducted last winter, show that *one-half of all worktime lost in War Industries as a result of illness is lost because of the common cold*,¹ and, during a single four-week period, colds removed about 1,600,000 man-days of work from our industrial war effort alone.²

The situation with regard to the nation as a whole is described by the report that 23,000,000 persons in the United States had colds during the week ending February 24, 1942.³

The incidence and severity of the common cold may be considerably reduced by oral immunization against specific bacteria believed responsible for its more acute symptoms.

'Vacagen' Oral Cold Vaccine Tablets are exceptionally effective because each is enteric-coated and provides the *water-soluble antigens* derived from 60,000 million living organisms of ten different types:

Pneumococcus* (Diplococcus pneumoniae)	25,000 million
Streptococcus**	15,000 million
Influenza bacillus (Hemophilus influenzae)	5,000 million
M. Catarrhalis (Neisseria catarrhalis)	5,000 million
Friedlander bacillus (Klebsiella pneumoniae)	5,000 million
Staphylococcus (aureus)	5,000 million

*Types 1, 2 and 3

**Hemolytic, non-hemolytic and viridans

'Vacagen' Oral Cold Vaccine Tablets are supplied in vials of 20, and in bottles of 100, 500, and 1,000.

'VACAGEN' ORAL COLD VACCINE TABLETS

Sharp & Dohme
PHILADELPHIA

¹Gallup, G.: American Institute of Public Opinion Survey, March 1, 1942
²Gallup, G.: American Institute of Public Opinion Survey, Dec. 29, 1941

Suggested in Indigestion

The administration of Angostura Bitters (Elix. Ang. Amari Sgt.) results in stimulation of digestive secretions. This brings about both better appetite and better assimilation of foods. Flatulence and discomfort are frequently markedly reduced.

ANGOSTURA
Dr. Richter's
BITTERS
A TONIC APPETIZER
"GOOD FOR THE STOMACH"

ANGOSTURA-WUPPERMANN CORP.
304 East 45th Street, New York, N. Y.

An Important Point in Constipation Treatment

is regulation without the use of strong, irritating or dehydrating eliminants.

KONDREMUL (PATCH)

encourages routine daily elimination without irritating or dehydrating the mucosa. It mixes well with the bowel content, and resists breakdown in the intestines.

Kondremul Plain—provides soft bulk.
Kondremul with non-bitter Extract of Cascara—where mild tonic laxation is needed.

Kondremul with Phenolphthalein (2.2 grains Phenolphthalein per tablespoonful)—for obstinate cases.

Send for copy of "Bowel Hygiene in Rectal Diseases."

THE E. L. PATCH CO.
Boston, Mass.

planning and allocating everything she must set aside a good share of her income for "Monsieur l'Imprevu." Mr. Unexpected, he said, "will take care of half your income for you."

We need never alarm or distress patients; neither should we make a minimum estimate and let them feel that it will assuredly cover all expenses. Instead, let them understand that any estimate is to be regarded as flexible. It should be carefully given—omitting nothing—followed by a kindly explanation that the expense *may* be increased within a reasonable margin, that something should be held in reserve for the unexpected (so tactfully suggested that the patient is not alarmed about unforeseen physical dangers), and that you will make sure the costs do not mount unnecessarily.

Check off these points in your preoperative talks, and I'm sure you'll seldom have complaints. The patient will be more content, and your own bill will be more easily and rapidly collected.

As ever,
Myrna Chase

The Medicine Show

[Continued from page 50]

the piano continues to make stimulating music, they keep crying, "So-o-ld!" as they make sales, sometimes turning handsprings in triumph on their way back to deliver the dollar to the Doc and get another box. Sometimes they

WHEN DIGESTION AND METABOLISM SLOW DOWN



The lengthening of the average life span has introduced a new medical problem, namely, that of nutritional protection during old age.

Loss of appetite, lowered metabolism, slowing of digestion and other functions tend to result in a state of nutritional deficiency.

"It is too common for elderly persons to reduce their diet by limiting food essentials—few apparently drink any milk at all, and deficiency of vitamins may be more common in old age than is recognized."

To encourage the greater consumption of Nature's nearest approach to perfect food, why not prescribe

HORLICK'S FORTIFIED

Ideal as an integral part of the dietary of senescence, Horlick's Fortified, in water, or in milk

Provides basic nutrition in liquid form

Imposes little or no strain on digestion

Insures a recognized daily minimum requirement of Vitamins A, B₁, D and 50% of C.

Recommend HORLICK'S

The Complete Malted Milk—Not Just a Malt Flavoring for Milk

"The Care of the Aged", Edit., J.A.M.A., 100:26, Dec. 25, 1937.

HORLICK'S

call, "Anybody else got the aper-zoola and want a bottle?"

The Doc sells eighty-seven bottles. "It's time for some more of this fine entertainment," he says, "but before it comes, I know you'll decide I'm going to do you a favor by introducing an article that will take care of other kinds of aches and pains. S.O.S. Oil is what does it, folks." He waves a small box at the crowd. "This is a penetrating oil, a pure oil that will reach down through your skin and get at anything there that ought to be got at."

The Doc illustrates its penetrating qualities by taking out a thick piece of leather and putting a few drops on it. The oil seeps through the leather immediately.

"If that old joint that kept you awake all night," the Doc says, "had that oil on it, you would have slept. Fifty cents isn't too much for it. I don't want your fifty cents. I want to help you. I'd rather have your friendship than your fifty cents. I want to remind you that like a thief in the night sickness will come to take you. S.O.S. Oil skins that old cal-lus offen your foot. Rub it on your chest tonight and take away that cough. It will stop a baby's crying in one minute, folks."

The piano starts to bang again,

the salesmen begin their cries, and S.O.S. Oil, as the Doc describes it, "went out" to the number of sixty-one bottles.

There is more entertainment, and the Doc then reveals some of the other things he has for sale, among them a menthol inhalator. To illustrate how this works, he brings out a human skull. Several people laugh nervously and the Doc says:

"This isn't a joke, friends. It is far from a joke. This is a skull of a man who died from catarrh. He wouldn't have died if he'd had one of these inhalators. Put it to your nose and it goes where you can't get with anything else. Remember, folks, it's only one step from catarrh to consumption. If you've got sinus trouble, sore throat, runny nose, stuffed-up head, bad cough, asthma, laryngitis, or just a plain old cold in the head, get relief for a quarter.

"Every child who goesto school should have one. Spinal meningitis germs enter the nasal passages. Science says that over fifty disease germs, many of them deadly, enter the nose and mouth. Here's something that won't make them feel so good, but will make you feel a lot better." About a hundred of the inhalators "go out."

[Turn the page]

COOPER CREME

No Finer Name in Contraceptives

WHITTAKER LABORATORIES, INC.

NEW YORK, N. Y.

Back to bread-and-butter diets?



WORKINGMEN are stepping up to harder jobs and longer hours. Women are moving into factories. Many a white-collar worker is rolling up his sleeves, donning overalls.

Don't such increasingly active wartime occupations call for some fundamental changes in the diets of people generally, some of your patients in particular?

You know that nutritional needs change with occupations. That increase in normal energy output calls for increase in the energy-foods eaten.

Because it is so easy to add to the diet in large quantities, because it has so many uses and is so universally inviting to the palate, bread is an ideal energy-food on which to base new high-energy diets for new wartime conditions.

Especially now that white bread, the kind most liked by people generally, is available

everywhere in enriched form, bread has earned a new place in your dietary recommendations. Such enriched white bread, you know, has added Vitamin B₁, niacin and iron as recommended by the Food and Nutrition Board of the National Research Council.

Now you'll want to put many of your patients back on the bread-and-butter diets of plain, solid, stay-with-you foods high in food-energy. Long "the staff of life," bread—especially enriched white bread—is now more than ever *basic* to national nutritional needs.

Bread *is basic*

*Most Good Bread
is Made with Fleischmann's Yeast*

The Doc takes in about \$155 for the evening. He did nearly as well each night of the two weeks he stayed in town. In the old days a first-class medicine show of this type could make a profit of as much as \$25,000 a year, but the best the Doc can net at present is around \$5,000.

He isn't particularly sad for himself to think that his show will soon pass out of existence. He's been in the business for nearly forty years, starting in a buggy and carrying an Indian with him.

But the Doc shakes his head at the outlook for the medicine show as an institution. "Most of us left are old-timers," he says, "and once we shut down, there

won't be others to open up again. This is the end of us, the real finish."

—THEODORE PRATT

Good Morning, Nurse!

[Continued from page 116]

subconjunctival hemorrhages, and auricular bleeding of an obvious skull fracture; but the neurologic pavilion turned out to be the wrong place for him. He made no progress until the surgeons opened his belly and relieved his intestinal obstruction.



For several months a sign in the windows of a neighborhood apartment had tickled me whenever I drove by. Two side win-

IN ARTHRITIS

TWO "musts" present themselves for early consideration in every arthritic case:

(1) Thorough Catharsis and Diuresis:

In removing all foci of infection, the colon is not overlooked — for arthritics are "invariably constipated." Occy-Crystine effects prompt and thorough catharsis—as well as profuse diuresis, hastening the clearance of the blood stream.

(2) Compensation for Sulfur Deficiency: Since arthritic tissues "have lost the power to retain sulfur," a more normal sulfur metabolism may be encouraged by the administration of Occy-Crystine, which, in the presence of gastric hydrochloric acid, releases colloidal sulfur—so frequently helpful in providing symptomatic improvement. Write for samples for your own clinical trial!

OCCY-CRYSTINE LABORATORY, SALISBURY, CONN.

The
Specialized Saline
Detoxicant-
Eliminant

OCCY-CRYSTINE

FORMULA: Occy-Crystine is a hypertonic solution of pH 8.4, made up of the following active ingredients—sodium thiosulfate and magnesium sulfate, to which the sulfates of potassium and calcium are added in small amounts, contributing to the maintenance of solubility.

OCCY-CRYSTINE LABORATORY, SALISBURY, CONN.

Please send samples of Occy-Crystine and clinical report.

Dr.

Address

City



FROM **ONE** SOURCE

A thorough laxative and an effective antacid combine in

PHILLIPS' MILK OF MAGNESIA

As a laxative, it is gentle and thorough. As an antacid—three times as effective as a saturated solution of sodium bicarbonate.

PHILLIPS' MILK OF MAGNESIA (Liquid)

As an antacid—2 to 4 teaspoonfuls
As a gentle laxative—4 to 8 teaspoonfuls



WE WILL SEND YOU A
SAMPLE ON REQUEST

PHILLIPS' MILK OF MAGNESIA TABLETS

As an antacid—2 to 4 tablets

PHILLIPS'

Milk of Magnesia

Prepared only by THE CHAS. H. PHILLIPS CHEMICAL CO. New York, N.Y.

dows advertised: "Massage and Physiotherapy." The middle window bore the legend in golden letters: "Psychoanalysis—We Specialize in Mental Troubles." The combination was made especially tempting by the after-thought: "Term arrangements."

Last week, a paragraph in the paper told of a successful raid by the vice squad at a near-by apartment house, and I recognized the address. It struck me that the sign had advertised faithfully enough the goods for sale:

Massage, physiotherapy, and surcease from mental troubles.



From the arm-chair Hippocrates:

Every time I drive by the Concordia Cemetery, I can't help thinking: "What a fine place to live in when you're dead."



On the chart of the new admission appears the arresting name: Finis Wilkerson.

"Is that your real name—Finis?"

"Why yes, Doctor. That's what they tagged me with, 'cause I was supposed to be the last. There must have been a hitch somewhere, though, 'cause there

are thirteen of us, and I was only the eighth. I guess my dad could never calculate in the dark."



Pathologist Christopher, he of the carnation and the *pince-nez*, likes to spend his working hours in surroundings suited to his delicately attuned esthetic sensibilities. And so, if some time you should happen to be walking through the morgue, you may well come upon the Gauguin-esque spectacle of Dr. Christopher delving in the innards of our latest medical casualty, the while a vase of luxuriant peonies adorns the head of the autopsy table.



From Philip Benet, better known in our college days as the Mad Minstrel of Milwaukee, comes a clipping from the Milwaukee Journal, with the headline circled in red: *Rubber Piles A Problem!*

Below it is the scribbled message: "Say, is this a fact? And if so, what can be done to inoculate everyone with this dread affliction? In times like these, who would balk at a small discomfort to grow his own tires. . ."

[Turn the page]

DOUBLE ACTION — SINGLE DOSAGE

- (1) Acidifies the Urine
 - (2) Liberates formaldehyde
- RIEDEL & CO.,

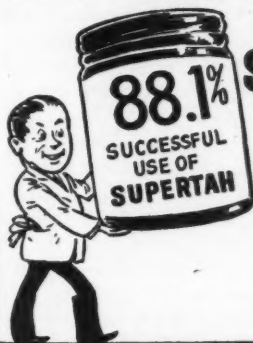
HEXALET

Sulphosalicylic Acid (60.9%)
Methenamine (39.1%)
BROOKLYN, N. Y.

in UROGENITAL

INFECTIONS

**88.1% "GOOD RESULTS" Reported by
Doctors Using
SUPERTAH OINTMENT
in Eczema Therapy**



**7.6% NOT
GOOD RESULTS**

**4.3% DID
NOT REPORT**



In a recent survey of 9,672 physicians chosen proportionate to population throughout the country, 70.7% of those responding reported using SUPERTAH Ointment (Nason's) in eczema therapy.

It is significant that 88.1% of that number reported securing "good results" from their use of SUPERTAH! — the new white, non-staining ointment prepared from a crude coal tar concentrate and uniformly milled in 5% and 10% strengths. 4.3% did not respond either way, 7.6% reported not having secured good results.

*These reports of physicians vigorously confirm the clinical findings of the dermatologist, J. H. Swartz, M.D., and his co-worker, M. G. Reilly, R.N., who say of SUPERTAH Ointment: "It has proven as valuable as the black coal tar preparation and the advantage of the diminution of the black color is perfectly obvious. It does not stain the skin or clothing, nor does it burn or irritate the skin."**

SUPERTAH Ointment (Nason's) is packaged in original 2 oz. jars, either 5% or 10% strengths, and ethically distributed through leading prescription druggists.

*Swartz & Reilly, "Diagnosis and Treatment of Skin Diseases", p. 66

TAILBY-NASON COMPANY · Kendall Square Station · Boston, Mass.

Even without the help of the court stenographer, neurologist Kerry's testimony had seemed a touch fanciful. In its transcribed form, the doctor's deposition took wings into the medical wonderland. It seems his patient had not only suffered "historical paralysis" as a result of a skull fracture, but was doomed to life-long "diabetes in-syphilis."

—MARTIN O. GANNETT, M.D.

Uniforms and Insignia

[Continued from page 64]

have such features as ample seams, which permit alterations, and matched materials in the pockets and flaps. In the trousers make certain that there is plenty

of cloth in the seams of the seats and legs. Reinforcements of cloth at the bottom of the trousers where they rub against the shoes will add life to the uniform.

Summer uniforms should be tightly woven, with the seams wide to allow for shrinkage.

NAVY CLOTHING

The medical officer in the navy needs six white uniforms, two khaki cotton work uniforms, and two blue service uniforms (dress blue and full dress blue uniforms are out for the duration). He also needs black and tan shoes; black socks; white and khaki shirts; insignia; and a cap with white, blue, and khaki covers.

The navy's blue uniform is simply a navy blue suit. It can be

Military Questions . . .

Have you a question about the medical man in his relation to military or naval service? If you have and if it would interest physicians generally, MEDICAL ECONOMICS will be glad to publish the answer. Write the question below, tear out, and mail.

To MEDICAL ECONOMICS, Rutherford, N.J.

Here's my question: _____



Announcing...

COMPLETENESS AND ECONOMY IN B COMPLEX THERAPY

Now—a Vitamin B Complex Capsule distinguished by the fact that it supplies—*economically*—the basic adult daily requirements, in proper therapeutic balance, of every clinically proved B factor, plus all other known and unknown B factors as present in a potent natural source.

WHITE'S MULTI-BETA CAPSULES (Vitamin B Complex)

Each capsule contains:

Thiamine Hydrochloride, U.S.P.	1	mg.
(Vitamin B ₁ , 333 U.S.P. Units)		
Riboflavin	2	mg.
Pyridoxine Hydrochloride	0.25	mg.
(Vitamin B ₆)		
Calcium Pantothenate	0.25	mg.
Nicotinamide	10	mg.

And, in addition, all Vitamin B Complex factors as provided by 167 mg. of high potency brewers' yeast concentrate.

Supplied in bottles of 30, 100 and 500 capsules.

White's PRESCRIPTION vitamins

—ethically promoted, not advertised
to the laity.

White Laboratories, Inc.
113 North 13th Street,
Newark, N. J.

worn in almost any weather, except when it is excessively hot. For the colder seasons, a blue wool overcoat is advisable; whipcord or serge raincoats are used in wet weather.

Like the army officer, the naval officer is advised to report for duty with a minimum outfit for the current season. He can always round it out later under the guidance of his fellow officers.

In Summer or in tropical climates, the navy medical man wears white drill or white Palm Beach dress uniforms. Cotton khaki uniforms are worn for work. Doctors already in the service recommend the purchase of four to six whites, and three cotton khakis.

The serge in the blue uniform should be closely woven, and have a little nap. The white duck or drill should be strong, and able to take a lot of punishment.

ARMY INSIGNIA

The wartime trend is toward standardization in uniforms—a departure from the peacetime custom of wearing any one of several different outfits. Nowa-

days, officers in all branches of the army dress about the same way. The essential distinguishing features are insignia.

The army medical officer wears a caduceus to indicate his profession. If he is wearing a coat, an army "U.S." is pinned to the upper part of each lapel, a caduceus is pinned to the lower part of each lapel, and rank insignia are attached to the shoulders. If he is wearing a shirt without a coat, the caduceus is pinned to one side of the shirt collar, the rank insignia to the other; no "U.S." is worn at all. (Rank insignia were formerly worn on shirt shoulder loops, but they were found to interfere with the use of certain gas masks.)

Since the army has been streamlined for wartime service, such accoutrements as saber chains and Sam Browne belts have been done away with. Epaulets are still worn, though only on dress occasions.

NAVY INSIGNIA

The medical officer in the navy wears a spread oak leaf embroidered in gold, surcharged with

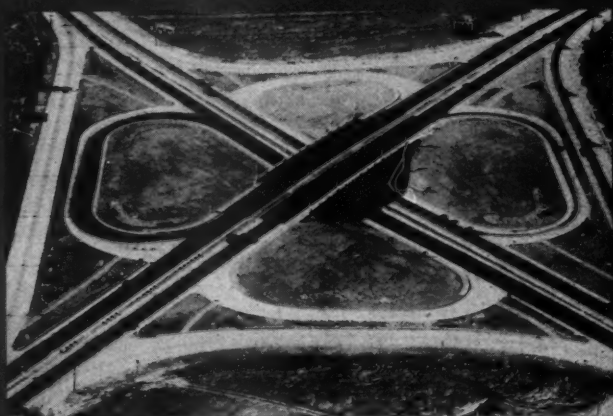
Amend's
SOLUTION

•
AVOIDS THE
PROBLEMS OF
IODINE REACTIONS

Controlled experimental investigation and clinical practice have established the therapeutic advantages of Amend's Solution in iodine therapy: lower toxicity without sacrifice of potency. May be given for prolonged periods without fear of reaction even to iodine sensitive patients.

Thos. Leeming & Co. Inc.

101 West 31st Street, New York



THE MODERN HIGHWAY to Relief from Congestion

MINIT-RUB is as modern as the new clover-leaf highways in helping relieve congestion. MINIT-RUB brings a glow of soothing warmth to affected areas. It stimulates circulation by counterirritant action; aids in relieving by promoting a better flow of blood and lymph. MINIT-RUB is clean, convenient, economical.



Rub in MINIT-RUB for helpful relief in sore, aching muscles; Local congestion of uncomplicated colds; Simple neuralgias; Lumbago.

MINIT-RUB The Modern Rub-In

GREASELESS • STAINLESS • VANISHING

Send for MINIT-RUB literature

BRISTOL-MYERS COMPANY
19ME West 50th St. New York, N. Y.



Salicylate-Alkali Medication in Febrile Conditions

ELIXIR **ALYSINE**

Brand of natural salicylate and alkaline salts
Trade Mark "Alysiene" Reg. U. S. Pat. Off.

THE WM. S. MERRELL COMPANY
Cincinnati, U. S. A.

'Keep Baby Safe!'



Here's PROTECTION with
BABEE-TENDA Safety Chair

All parents want "SAFETY FIRST" for their babies. That's why they buy the BABEE-TENDA Safety Chair—it is low and can't topple over like a high chair and cause serious or fatal accidents. A Safety Halter Strap prevents baby from falling or climbing out. Used indoors and outdoors, folds compactly for traveling. Highly endorsed by the Medical Profession. Endorsements sent upon request. Sold ONLY direct to consumer.

NOT SOLD IN STORES

Write for Circulars and Prices

THE FORT MASSAC CHAIR CO.

1014 Tremont Street Boston, Mass. U.S.A.

an acorn embroidered in silver. On the blue uniform it is sewed to the sleeve.

When the khaki work uniform is worn, a metal oak leaf is used. It is pinned to the shirt collar, together with the rank insignia.

—COLEMAN B. JONES

Care for Soldiers' Families [Continued from page 59]

have been certified by American specialty boards (or whose experience meets the requirements of these boards) to act as advisors and to consult with general practitioners participating in the program.

Hospital care is authorized only in institutions approved by the American College of Surgeons or by the State agencies.

The operation of the plan will vary from one State to another. In Washington, for example, physicians receive a \$25 fee for medical services during labor and the postpartum period, and hospitals are paid a flat rate of \$50 for ten days' care. Since fees will not be the same in all States, it is advisable for doctors intending to participate to check up with their local agencies.

Expectant mothers may choose their physicians from a list of those considered qualified by the State agencies. After treatment, the physician presents his bill to his agency and is supposed to receive his fee promptly.

—DANIEL HENKIN



AFTER A BATH—WHAT?

WELL, A NICE, long, soothing rubdown with Johnson's Baby Powder would be very fine—if you ask baby!

And, happily enough, medical science agrees. For doctors find that regular rubdowns with silky, satin-smooth Johnson's are a great help

in keeping babies' skin soothed, comfortable, free from chafes, prickles, and other causes for loud wails.

Just a pinch of this fine powder rubbed between thumb and forefinger will show you that Johnson's is unusually soft and "slippery"—a superior quality talc.



Also essential—Johnson's Baby Oil! For the daily oil bath of young infants and for frequent use on older babies. Bland, colorless, stainless, it will not turn rancid.

Other Johnson's Baby Toiletries: A smooth-textured, vegetable oil Baby Soap. A pure, unmedicated Baby Cream, that helps relieve chapping, chafing, prevent windburn.



**JOHNSON'S
BABY POWDER**

The Newsvane



Lahey on Essentiality

Any physician listed by the Procurement and Assignment Service as essential is as important to the war effort as a medical officer in the armed forces, and should not apply for a commission unless certain someone is available to take his place. This is the view of Dr. Frank H. Lahey, chairman of the procurement service's directing board.

Dr. Lahey reports that "unfortunate incidents" have arisen through the commissioning of men previously declared available who had suddenly become essential through the death, disability, or enlistment of some other doctor. Nothing can be done by the P & AS in such cases if the oath of office has been administered, Dr. Lahey said, but in some instances the physician's commission has been revoked.

Specialty Credits in War

Credit for military service will be given in varying degree by almost all American specialty boards. Here are examples of policies so far announced by different boards:

In surgery, full credit will be

allowed for work done in the surgical division of a regularly constituted army or naval hospital.

In internal medicine, one year of military service in the army, navy, or marine corps may be applied toward the satisfaction of the requirement of one year of graduate training, or one year of practice in that specialty.

In obstetrics and gynecology, an applicant entering military service and assigned to work in general surgery under conditions satisfactory to the board may receive credit toward the required special training up to a maximum of six months, applicable toward his three years of special training.

Psychiatrists Persecuted?

Assignment of psychiatrists in the armed forces to duties in no way related to psychiatry, and sometimes to work having no connection whatever with medicine, has been cited by a committee of New York neuropsychiatrists as evidence that some army and navy officers are prejudiced against psychiatry.

Present methods of eliminating the mentally unfit constitutes "avoidable waste in duplication



In the interests of Wartime Efficiency

★ "Every day at least one whole grain food,"—that is what the U. S. Nutrition Food Rules advise. ★

One of the most appetizing and convenient whole grain foods is Nabisco Shredded Wheat—made of 100% whole wheat and affording all of the plentiful energy of the pure whole grain. These crisp, toasted biscuits are recognized as a good source of natural Vitamin B₁, per ounce, *as eaten*.

The subtle, nut-like flavor of Nabisco Shredded Wheat wears well, day after day, and blends well with various fruits, enabling the fruit flavors to "come through." Combined with fruit and milk, this one-dish breakfast includes three of the recommended types of food, a source of essential vitamins and minerals.

In recommending this ideal whole grain food, it is well to specify the full name, "Nabisco Shredded Wheat," which is the original Niagara Falls product.



Baked by NABISCO
NATIONAL BISCUIT COMPANY



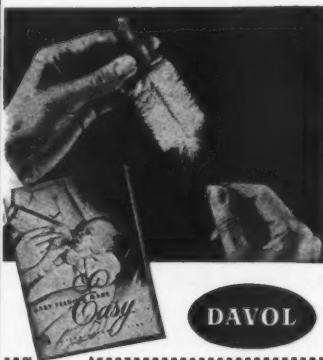
Explains bottle feeding

Put our free booklet, "Baby Feeding Made Easy," in the hands of your O.B. patients. It will explain the entire bottle-feeding routine.



Shows how to save rubber

"Baby Feeding Made Easy" also gives pointers on prolonging the life of rubber nipples, helping conserve a vital war material.



DAVOL RUBBER COMPANY
Providence, Rhode Island Dept. M-10

You may send.....copies of "Baby Feeding Made Easy" to the following address:

NAME

ADDRESS

CITY..... STATE.....

of separate selection personnel" in the various armed services, the committee announced in a report sent to the Secretaries of War and Navy, the Surgeons General of the army and navy, and the House and Senate committees on military and naval affairs.

The committee recommended a central selective agency of civilian psychiatrists not eligible for active military service to eliminate those not mentally fit for service in the armed forces. The report also suggested setting up in each medical department a special section on psychiatry. The function of this department would be to place and train men according to their mental capabilities, and to treat those who become mentally unstable after induction.

Free Moves Stopped

Household goods of medical officers and their dependents will henceforth be moved only once at government expense, the War Department has announced. Previously such property was moved free with each permanent change of an officer's station.

No Sulfa for Flyers

A reminder to civilian physicians not to use sulfanilamide in treating army flyers who have contracted gonorrhea was recently sent to the Los Angeles County Medical Association by the surgeon of the army air base at Muroc Lake, Calif. Reason for

KNOX GELATINE HELPFUL

in the management of peptic ulcer

Further evidence has been published showing the effect of protein on acidity and pepsin activity. The protein used in the tests was plain, unflavored Knox Gelatine (U.S.P.). It was selected because of its purity, availability, ease of administration and solubility in the gastric contents.

Here are highlights from the report. For a complete reprint, including tabulated data, mail the coupon below.

RECENT TESTS SHOW FAVORABLE RESULTS.

All observations were made on patients who gave clinical and X-ray evidence of peptic ulcer. The patient presented himself in the fasting state. Samples of gastric contents were taken at 15-minute intervals for one hour.

When the effect of the protein was to be determined, a suspension of 15 Gm. of U.S.P. gelatine in 120 c.c. of tap water

was given and similar samples were taken.

Data presented show that protein in the form of gelatine, when introduced into the stomach, raises the pH markedly for at least 30 minutes and noticeably for 45 minutes; markedly lowers pepsin and free acidity of the stomach for 30 minutes and noticeably for 45 minutes, but has no effect on the total acid concentration.

KNOX GELATINE (U. S. P.)

is plain, unflavored gelatine—All protein, no sugar

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"Variations in the Composition of Gastric Juice," reprinted from Jnl. of Laboratory and Clinical Medicine, 1941.

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the advice: "Sulfanilamides affect equilibrium and are not conducive to flying."

OPA and the Doctor

Price ceilings on drugs must be observed by dispensing physicians only when drugs are sold to patients without connection with professional services, the Office of Price Administration has stated in a ruling which was requested by MEDICAL ECONOMICS.

If a doctor dispenses drugs without rendering services, he is not permitted to exceed prices charged for similar medications in March 1942. He must also post March prices if he expects to dispense "cost-of-living" commodities without connection with services. In this classification the OPA lists aspirin tablets, liquid milk of magnesia, liquid cod liver oil, boric acid, castor oil, mineral oil, witch-hazel, rubbing alcohol, and Epsom salts.

Take a Bow

America's 180,000 doctors—"who have so quietly, so unobtrusively, and yet so effectively

and vitally contributed to the conditioning of a mighty Nation for all-out war"—received a tribute from radio commentator Wythe Williams in a recent network broadcast. Speaking of physicians who have served as local draft board medical examiners, Williams added:

"It is worthy of note in passing that these more than 25,000 doctors volunteered their services to an estimated value of nearly \$25,000,000. Not one dollar of recompense was received or expected."

3,000,000 Aiders

More than 3,000,000 persons have completed Red Cross first-aid courses since Pearl Harbor. The number is equal to the total who received first-aid certificates from the American Red Cross in the preceding 31 years.

New Hospital Rate Plan

The Gallinger Hospital, a municipal institution in Washington, D.C., is experimenting with a new, graduated rate plan. During a sixty-day trial period no patient is eligible for free care if he

The
MD Pin

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Doctors everywhere proudly wear this distinctive new pin. Made of Sterling silver, gold plated, with the green cross on a gold background. Caduceus and M.D. lettering modelled in relief, in gold. Button back. Illustration is approximate size. Your money back if you're not more than pleased. In ordering, please use your professional stationery.

QUESTIONS AND ANSWERS ABOUT VITAMINS

Suggested by a recent A. M. A. report
on the usefulness of multi-vitamin preparations*

*Jour. A. M. A., July 18, 1942; pp. 948-9

Q. How do multi-vitamin preparations fit into the nutritional picture?

A. Every effort should be made to obtain food rich in vitamins. But since it is now recognized that vitamin deficiencies are not only widespread but rarely occur singly, it is often necessary to supplement dietaries with multi-vitamin preparations.

Q. Where may multi-vitamin supplements be especially necessary?

A. In the following situations: persons receiving (1) inadequate diets, (2) special diets for pregnancy and lactation, (3) reducing diets, (4) restricted diets for treatment of allergy, (5) diets during convalescence from severe infections, (6) diets for treatment of peptic ulcer, (7) infant feeding.

Q. What are the formula standards for multi-vitamin preparations upon which official medical acceptance is based?

A. Formulas of such preparations should contain vitamins in proportions related to the minimum daily requirements for adults, as defined by the U.S. Food and Drug Administration. The minimum daily requirements are:

Vitamin A	4000 USP units
Vitamin B ₁	1.0 mg.
Vitamin B ₂ (Riboflavin)	2 mg.
Vitamin C	30 mg.
Vitamin D	400 USP units
Vitamin P-P (Nicotinic Acid)	No value stated**

**The National Research Council recommends 10 mg.

★ ★ ★

Q. Now—how do Vimms meet these standards?

A. 3 Vimms supply the full FDA minimum of every vitamin (including 10 mg. of Vitamin P-P). And Vimms also supply 3 vital minerals—the full daily minimum of Iron, one-half of Calcium, one-third of Phosphorus.

THE VIMMS FORMULA

Vitamin A	5000 USP units
Vitamin B ₁	1.0 mg.
Vitamin B ₂	2 mg.
Vitamin C	30 mg.
Vitamin D	500 USP units
Vitamin P-P (Nicotinamide)†	10 mg.

And in addition, Vimms supply:

Calcium	375 mg.
Phosphorus	250 mg.
Iron	10 mg.

†Nicotinamide is the preferred form of Vitamin P-P.

Q. And how do Vimms measure up to the recommended allowances of the National Research Council?

A. The Vimms formula was designed to bring the average diet up to or above the high vitamin-mineral recommendations of the Committee on Food and Nutrition (now known as the Food and Nutrition Board) of the National Research Council.

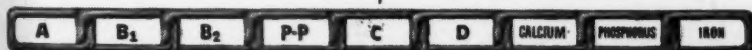
Q. What other advantages do Vimms offer the physician?

A. The 6 vitamins and 3 minerals in Vimms are all combined and stabilized in one palatable tablet. Potencies are regularly checked by chemical and biological assay. Three tablets supply the full daily minimum vitamin requirements. The daily intake can therefore be prescribed in either fractions or multiples of these amounts at the physician's discretion.

Q. What do patients like about Vimms?

A. Price, palatability and convenience. Vimms cost less than any product comparable in type and potency (50¢ for 24 tablets; \$1.75 for 96 tablets; 288 tablets for \$5.00). Vimms taste good, and each Vimms tablet is individually sealed in moisture-proof, spill-proof, dust-proof Cellophane.

NOTE: If you haven't received your professional sample of Vimms, write to Dept. ME4, Lever Brothers Co., Pharmaceutical Div., Cambridge, Mass.



has personal property valued at \$250 or an interest in property assessed at \$2,500 or more. Patients adjudged able to pay must sign promissory notes to cover hospitalization costs. According to income and dependents, patients will be placed in one of three categories: Those whose indigence warrants free care, those able to pay from 50 cents to \$3.50 a day, and those able to meet the full \$4 daily charge.

M.D. a Spy

Charged with furnishing U.S. military secrets to Germany and Japan, Dr. Wolfgang Ebell recently pleaded guilty in a Federal court. Dr. Ebell, a native of Alsace, received a license to practice medicine in the State of Texas in 1930.

Professional Manpower

War production plants soon will be told by the War Manpower Commission where and how they can recruit men with professional and scientific training. The commission has instructed the U.S. Employment Service to determine how many persons with specialized training are required by plants engaged in war work. The service then will draw men from the National Roster of Scientific

and Professional Personnel, which has been placed under the direction of the WMC.

Wartime Conventions

Though its regular annual convention was cancelled this year because of the war, the American Dental Association recently held meetings of its house of delegates and board of trustees. Many organizations are following the same pattern in an attempt to get essential business transacted without calling their entire memberships together.

M.D. Pilots

Medical officers who have received the full flight training of pilots are in service with British fighting units. Idea is to permit intensive study of flying strain and other occupational ailments of airmen. Army doctors will accompany glider troops into action when the occasion demands.

Navy Courses

The navy has revealed that a number of special postgraduate courses are now available for selected medical officers. Among the courses are aviation medicine; medical duties with parachute troops; medical duties in deep diving; psychiatry; anes-

DOCTORS ENTERING THE SERVICE

If you wish to receive **MEDICAL ECONOMICS** while on active duty, advise us immediately by post card when you change your address. We'll make every effort to see that the magazine reaches you each month.

FULL DAILY RATION OF THE VITAMINS



"The amounts of vitamins in mixtures should bear a relationship to the normal daily requirements..."

Capsules Vi-Diem supply the quantities and proportions of the known essential vitamins established as minimum requirements by the Food and Drug Administration and adopted as a standard by the American Medical Association.

CAPSULES VI-DIEM

(McNeil)

Vitamin A	4000 U.S.P. units	Nicotinic acid amide	10 mg.
Vitamin B ₁	1 mg.	Vitamin C	30 mg.
Riboflavin	2 mg.	Vitamin D	400 U.S.P. units

Suggested Dosage: One capsule daily. This provides the adult minimum daily requirement of all the known essential vitamins.

How Supplied: Capsules Vi-Diem are supplied in bottles of 100, 500 and 1000.

McNeil Laboratories
Incorporated
Philadelphia • Pennsylvania

*J.A.M.A., 119:948-949, July 18, 1942.

thesia; thoracic surgery; neurosurgery; plastic surgery; reconstruction surgery; physical and fever therapy; and duties with epidemiology and laboratory units.

Medical officers are not permitted to apply for these courses until after they report for duty.

Post-War Practice Saver

An appeal to patients to help preserve the practices of doctors on active duty has been prepared by the State Medical Society of Wisconsin. It consist of an 8" x 11" card, printed in two colors and decorated by a flag. Distributed to Wisconsin doctors and hospitals for appropriate display, the card bears this legend:

"From a patriotic standpoint as well as in the interest of the future of public health, it is extremely important that the practices of the members of the medical profession who are in the armed services be preserved for them upon their return to civilian life.

"Thus it is hoped that any patient whose family doctor is serving his country in the armed forces will resume such relationship after the war."

Net Gain in M.D.'s

Under the accelerated teaching program, approximately 7,000 new physicians will be graduated each year instead of the normal 5,300, according to fig-



COMPLETE
with accessories, table
and sprays
\$137.50



NEW DE LUXE TOMPKINS ROTARY COMPRESSOR

An ideal apparatus for the physician or surgeon who requires only one machine. May be used in office, operating room for major or minor surgery, or at patient's home.

Greatly improved in design and appearance. Motor unit is spring suspended, assuring smooth, quiet, vibrationless operation; stainless steel base; hot water jacket with electric heater for ether bottle controlled by switch mounted on base, with pilot light illuminated only when heater switch is "on." Redesigned table with drawer space for accessories. Gauges and control valves on both negative and positive lines; ether regulator; two way by-pass valve; set of DeVilbiss sprays and sinus cleanser. Compressor connected direct to motor. Send for descriptive folder showing apparatus in natural colors.

*Sold Only Through Surgical Supply
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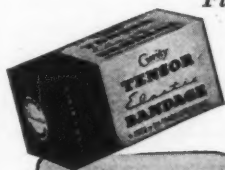
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"How's your arm coming, Bill?"

"Fine, Doc. That Tensor Elastic Bandage is great stuff."



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● For bandaging sprains, fractures, joints, and varicosities—more and more doctors are now using Tensor, the elastic bandage made of cotton-covered rubber thread. For two very important reasons: *greater stretch* and *lighter weight*—a combination of advantages offered by no rubberless bandages.

Tensor has other superior features as well. A recent nationwide survey, in which 58% of the doctors reporting liked Tensor better than any similar product, shows definite preference for its unusual handling ease . . . and the ease with which it can be applied to any part of the body. Patients appreciate Tensor's cool comfort—and its beige color (less conspicuous under hosiery) appeals particularly to women patients.

For tension without constriction . . . apply Tensor!

THOSE WHO PREFER A RUBBERLESS BANDAGE will find the Curity Crope Elastic Bandage ideal. All cotton (no rubber), it has smooth salvage edges and provides a degree of support and good appearance that is unusual for a bandage of this type.

BAUER & BLACK DIVISION OF THE KENDALL COMPANY, CHICAGO

ures collected by the American Medical Association. At the prevailing death rate of practicing physicians, this means a net addition of about 3,500 a year.

Normally, there would be 15,947 physicians graduated between July 1942 and June 1945, but under the accelerated program this number will be raised to 21,029—an increase of 5,082.

During 1941, the U.S. lost 3,460 physicians by death. If the death rate remains unchanged through the next three years, the AMA estimates that colleges will turn out two new doctors for every one that dies.

Dentists on Duty

Figures showing that U.S. dentists have to meet army and navy demands almost as heavy as those facing the medical profession were revealed in a recent issue of the dental trade journal *Proofs*. Some of the figures:

There are an estimated 66,000 dentists in active practice in the country. As of June 1942 about 6,000 were on active duty. The basic army and navy ratio is one

dentist for every 500 men. With a total armed force of 6,000,000 men, it's estimated that 53,000 dentists would be left to care for the civilian population—a ratio of one dentist for every 2,377 people.

Colonel Sam F. Seeley, executive officer of the Procurement and Assignment Service, not long ago asked every dentist under 37 to apply for a commission. He added that all dentists under 45 must either be classed as essential or be prepared to enter military service.

Women in Medicine

Woman graduates made up 5.4 per cent of the total output of U.S. medical schools in the past year. Recent estimates place the total number of woman physicians in this country at 7,500.

Osteopaths in the War

Osteopaths have petitioned President Roosevelt to provide for their appointment as commissioned medical officers in the armed services. A resolution sent the President by delegates to the

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Iron cacodylate 0.01 (1/4 gr.)
Sodium glycerophosphate . 0.10 (1 1/2 gr.)
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Cacodylic acid 0.003 (1/20 gr.)

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HEINZ PRESENTS Two New Strained Foods For Your Younger Patients



Heinz Strained Beef Broth With Beef And Barley — This simple strained meat product consists of selected lean cuts of beef with broth, brought to a fairly thick and very smooth consistency by the addition of well-cooked barley. It is lightly salted.



Heinz Strained Vegetables And Lamb — Lamb meat and broth are combined with a mixture of such nourishing vegetables as potatoes, carrots, onions and celery—then thickened with milk. The delightful flavor and wholesomeness of this product make it exceedingly popular.

NOW you can vary the menus of the babies in your care with two more delicious, dependably nutritious strained foods backed by Heinz famous 73-year reputation. Like all 15 Heinz Strained Foods, these new dishes are cooked scientifically and vacuum-packed in enamel-lined tins to make sure that vitamins and minerals are retained in high degree. You'll find these two products ideal when babies are ready for strained foods enriched with meat! (57)

HEINZ *Strained Foods*

THIAZOINT

10% SULFATHIAZOLE OINTMENT (HART)

A valuable supplement to the usual surgical procedures in: Acutely Infected Superficial Wounds; Varicose, Diabetic and Decubitus Ulcers; Boils and Carbuncles. Supplied in 1-oz., 1-lb. and 5-lb. jars.

THIAZINC

SULFATHIAZOLE-CALAMINE CREAM (HART)

A greaseless cream which dries rapidly and forms an adherent, slightly astringent film. For the treatment of Impetigo and Other Superficial Skin Infections of Coccal Origin. Supplied in 1-oz. and 1-lb. jars.

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The original water soluble Ephedrine Nasal Jelly. Supplied in nasal tipped tubes -- particularly convenient for ambulant patients.

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The Quick, Pleasant, Stainless, New Benzyl Benzoate Treatment for Scabies. Supplied in 4-oz., one pint and one gallon bottles.

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☐ Thiazinc sample and literature ☐ Scabenzate literature

M.D.

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American Osteopathic Association's annual convention set forth that drafted osteopaths are not being used as doctors and that those applying for commissions are being rejected "on the specific ground that the American Medical Association does not approve of osteopathic colleges."

The resolution cited federal laws placing osteopathic and medical education on a parity ("The degree doctor of medicine and doctor of osteopathy shall be accorded the same rights and privileges under government regulations") and the laws of some States setting up the same examinations for osteopaths and medical graduates.

Schools Lend a Hand

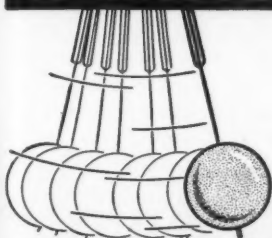
Forty U.S. medical schools have so far organized affiliated army hospital units. Included in these units are staffs for general hospitals, surgical hospitals, and evacuation hospitals.

Predict Lower Standards

As a result of the war many U.S. hospitals face a serious reduction in the standard of training of internes and students as well as a lowering of the quality of service to patients, declares Dr. Harold S. Diehl, member of the Procurement and Assignment Service directing board. He adds that the Surgeons General of the army and the navy have been apprised of these facts, but the problem remains unsolved.

The P & AS has ruled that since

A MATTER OF SECONDS!



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The New Tablet Method

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INVOLVES THESE THREE SIMPLE STEPS—



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Drop in tablet



③

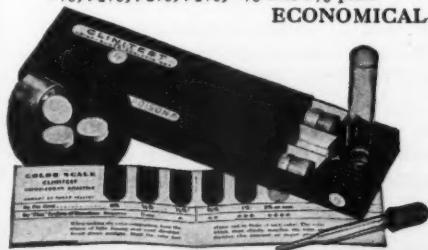
Allow for reaction
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DEPENDABLE—CLINITEST Tablet Method is based on same chemical principles involved in Benedict's test—*except*—no external heating required, and active ingredients for test contained in a single tablet. Indicates sugar at 0%, $\frac{1}{4}\%$, $\frac{1}{2}\%$, $\frac{3}{4}\%$, 1% and 2% plus.

ECONOMICAL—Complete set (with tablets for 50 tests) costs patient only \$1.25. Tablet Refill (for 75 tests)—\$1.25.

Write for full descriptive literature

CLINITEST Urine-Sugar Test and CLINITEST Tablet Refill are available through your prescription pharmacy.



EFFERVESCENT PRODUCTS, INC.
ELKHART, INDIANA

some hospitals cannot function properly without a resident staff, a limited number of residents may now be classed as essential, but the period during which a doctor may be so listed cannot exceed two years beyond his internship. In any case, no hospital can claim as essential more than half the number of residents previously carried on the staff.

Dr. Diehl points out that difficulties in obtaining resident physicians are bound to arise after March, 1943, since by that time all physically qualified male internes will be under army or navy jurisdiction and therefore unavailable for appointment to residencies unless specially deferred.

Postgraduate Foundation

With an initial gift of \$10,000, the Michigan Medical Society has established a foundation for postgraduate education. The society anticipates that contributions will eventually increase the foundation's fund to \$1,500,000. The program as currently envisioned will provide refresher courses for society members and it is hoped all Michigan physicians will be enrolled when the foundation is in complete operation. Its official name is the Michigan State Med-

ical Society Foundation for Postgraduate Medical Education.

In recent courses of a kind the society has been sponsoring for years, 1,483 physicians were enrolled—nearly 40 per cent of Michigan's practitioners.

WAAC Doctors

Approximately 150 women doctors will be needed to care for the first companies of the Women's Army Auxiliary Corps, according to a recent Washington announcement. The WAAC medical staff members will serve on a contract basis.

British Shorten Courses

A reduction in the period of medical education in Britain has recently been forced by war needs. Acting on the recommendation of the minister of health, the General Medical Council has agreed to a reduction in the curriculum from three to two and a half years.

Decontamination Centers

Adaptation of gasoline service stations for use as decontamination centers for victims of liquid vesicants continues to be urged by the Office of Civilian Defense.

Explaining that severe burns can be avoided if contaminated

DOCTORS ENTERING THE SERVICE

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"Begone Jinniyeh!"

Gone are the days when it was thought necessary to consult a witch to cast out the female evil spirit...the jinniyeh...which possessed women during the menopause. Now DI-OVOCYLIN, "Ciba," can cast out the "evil spirit" by a series of hypodermic injections. The effect of the menopause on the psyche is well recognized...the effect of DI-OVOCYLIN* on alleviating the symptoms of menopause is becoming more respected daily.

Rapidly disappearing also is the antiquated method of designating pure chemical estrogens in terms of meaningless units. Authorities agree that only gravimetric terms should be used for such estrogens. Modern estrogenic therapy calls for DI-OVOCYLIN, "Ciba"—the most potent estrogenic substance clinically mg. for mg.

LITERATURE ON REQUEST

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Word "Di-Ovocycin" identifies
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pionate of Ciba's manufacture.

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persons are treated within five minutes, the OCD points out that gas stations are numerous and easily accessible in all urban localities.

Suggestions offered include installation of temporary showers for multiple bathing and provision for eye irrigation.

Auto Identification

Physicians who think they may have trouble finding their cars during blackouts can banish their fears for \$1.50, says the Medical and Surgical Relief Committee of America. The committee is issuing 6" x 13" automobile identification plates made of washable plastic board bearing the letters "M.D." and a modified caduceus.

States' Rights Dispute

Whether a State has authority to regulate the practice of medicine on government-owned land within its border is the issue in a brisk legal skirmish in Arkansas courts.

The Desha County Medical Society recently obtained a chancery court order restraining Dr.

M. B. Lynch from practicing medicine at the Rohwer, Ark., relocation camp for Japanese being moved to Arkansas from the Pacific coast. The physician is employed by the construction company to attend employees working on the project, which is under a War Department contract.

Dr. Lynch's qualifications were not challenged. The contention advanced by the society was that he could not legally practice medicine there without an Arkansas license. The chancellor upheld the society's view and issued a restraining order against the physician.

Attorneys for Dr. Lynch then filed a petition with the Arkansas Supreme Court, asking that the chancery court order be set aside. The petition stated that the doctor had applied to the Arkansas board for a temporary license, which the board refused to issue without a certificate from the Arkansas Basic Science Board. When he applied to the basic science board for examination, he said, he was told that no ex-

There's a waiting place for this Sterilizer in your Office . . .

Look around your office, now. Don't you see some old piece that ought to be replaced? This Castle "55" will just fit.

And in your work we know it will have its place because of its safety "Full-Automatic" Control, CAST-IRON-BRONZE Boiler, acid-proof china top, glass door and shelves, and silent foot lift. Write

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SAYS—"CONSULT
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BOTTLE: Ready today after months of research—this new improved Hygeia Nursing Bottle. Graduations applied in color, clearly visible even in dim night light. Large base makes bottle harder to tip. Improved tapered shape makes it easier for baby to get last drop of formula than with straight-side bottle. Same easy-to-clean wide mouth, with rounded corners—no crevices for dirt.

NIPPLE: Famous Hygeia breast-shaped nipple has patented air vent which tends to prevent nipple collapse and reduces "wind-sucking." Sanitary tab makes nipple easier to apply without touching sterilized nipple with hand.

We urge you to inspect this new Hygeia equipment carefully. We believe you will find it has all the advantages of ordinary equipment plus the distinctive Hygeia features which will enable you to recommend it with confidence. Hygeia Nursing Bottle Co., Inc., 1210 Main St., Buffalo, N. Y.



BABY GETS ENTIRE FEEDING

New tapered shape makes it easy for baby to get last drop of formula without tipping bottle at excessive angle.

HYGEIA NURSING BOTTLE AND NIPPLE

Safer because easier to clean

amination would be conducted until September, by which time construction of the camp would have been completed. His petition contended that since he was practicing only on government-owned land, the State medical board lacked authority to regulate his practice there.

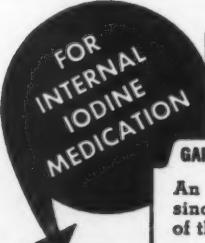
Associate Justice Holt of the Arkansas Supreme Court issued a temporary writ setting aside the lower court's restraining order. Because the writ was issued while the supreme court was in recess, Justice Holt called for a subsequent hearing by the entire court to determine whether the writ shall be made permanent.

Local physicians believe the case is of special interest because

the question raised has not previously been adjudicated. It's predicted that the final ruling may have a far-reaching effect on future actions involving Federal-State jurisdiction over medical practice.

Conscientious Objectors

Assignment of conscientious objectors to work in hospitals is seen as a possible national policy as the result of the recent selective service ruling giving permission for use of such men in New York City's Presbyterian Hospital. Proponents of the plan point out that many hospitals need men to replace clerks, waiters, attendants, and other workers called for military service.



**FOR
INTERNAL
IODINE
MEDICATION**

GARDNER'S SYRUP OF AMMONIUM HYPOPHOSPHITE

An efficient expectorant of the demulcent type, presenting in each 30 cc., 1.05 gm. of ammonium hypophosphite (16 gr. in 1 fl. oz.). Particularly indicated for children—contains no opiates or sedatives.

GARDNER'S SYRUP HYPOPHOSPHITES OF LIME AND SODA

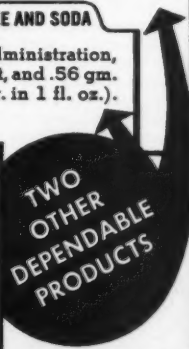
An excellent form for double salt administration, since it contains .74 gm. of the lime salt, and .56 gm. of the soda salt in each 30 cc. (20 gr. in 1 fl. oz.).

GARDNER'S HYODIN

For Efficient, More Palatable, Better Tolerated Internal Iodine Medication—

Whenever internal iodine medication is indicated, prescribe Gardner's Hyodin (formerly Gardner's Syrup of Hydriodic Acid). It's less toxic than the stronger alkaline iodides... it's more stable, and thus better tolerated in the stomach... and it's crystal clear, tasting in dilution like lemonade. Each 100 cc. contains 1.3—1.5 gm. of hydrogen iodide (resublimed iodine value averages .85 gr. in each 4 cc.). Dosage: 1 to 3 tsp. in ½ glass water ½ hr. before meals.

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(Est. 1878)
ORANGE, N. J.

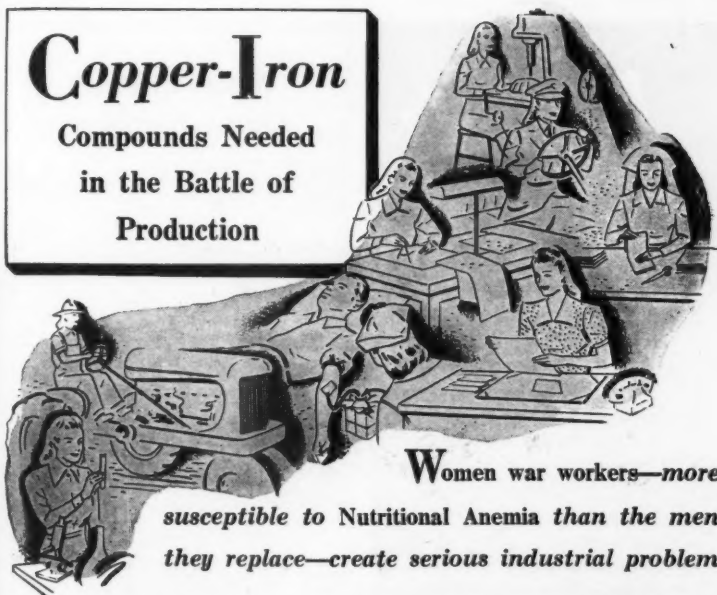


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Compounds Needed
in the Battle of
Production



**Women war workers—more
susceptible to Nutritional Anemia than the men
they replace—create serious industrial problem**

With more and more women going into war work in factories or in the auxiliary services, nutritional and secondary anemias must be considered as obstacles to our ultimate Victory.

These ailments will cause lowered production, fatigue, mistakes, substandard work, spoilage, malingering and absenteeism.

We must not have a "slow down" when a "speed up" in war effort is imperative!

Iron Plus Copper Excels Iron Alone

Surest, quickest way to increase and maintain high hemoglobin levels, to keep women fit for the extra, unusual wartime duties is to use Foundation-

licensed Copper-Iron Compounds. Results are faster, hemoglobin levels are higher, recovery periods are greatly shortened when copper is provided to release and catalyze the iron for hemoglobin regeneration.

Clinical tests have repeatedly shown the superiority of Copper-Iron Compounds over iron alone.

Two Foundation Booklets contain evidence upon which preference for Copper-Iron Compounds can be soundly based. *Send for them now.*

This Seal, or the imprinted Foundation name, is assurance that licensed Copper-Iron products so identified are approved upon periodic tests.

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... But, it does provide a safe degree of vasoconstriction, and a soothing palliation of the acute discomfort;

... And, its protective film helps to forestall bacterial invasion of the distressed mucous membrane, and the development of serious complications.

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PLAIN OR WITH EPHEDRINE

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eucalyptus oil 50
pine needle oil 1.00
and oil of rose 07
in a base of doubly refined
liquid petrolatum—plain
or with ephedrine 50

Where to Find Our Advertisers

American Sterilizer Co.	22
Angier Chemical Company	82
Angostura-Wuppermann Corp.	122
Armour & Company	5

Ballard Co., James F.	94
Barnes Co., A. C.	26
Bauer & Black	113, 145
Baum Co., W. A.	9
Bausch & Lomb Optical Co.	107
Becton, Dickinson & Co.	3, 87
Belmont Laboratories, Inc.	159
Best Foods, Inc.	24, 25
Bischoff Co., Inc., Ernst	105
BiSoDol Company	30
Bovine Company	103
Brewing Industry Foundation	82
Bristol-Myers Co.	11, 133

Camel Cigarettes	29
Castle Co., Wilmot	152
Chatham Pharmaceutical, Inc.	104
Ciba Pharmaceutical Products	151
Cream of Wheat Corp.	23

Davis Co., R. B.	99
Davol Rubber Company	138
Denver Chemical Mfg. Co.	115

Effervescent Products, Inc.	149
Endo Products, Inc.	108

Fort Massac Chair Co.	134
Fougere & Company, Inc., E.	146

Gardner, Firm of R. W.	154
General Electric X-Ray Corp.	31
General Foods Corp.	111

Hanovia Chemical & Mfg. Co.	117
Harrower Drug Corp.	110
Hart Drug Corp.	143
Health Cigar Company	98
Heins Co., H. J.	147
Hollings-Smith Company	86, 118
Horlick's Malted Milk Corp.	123
Hygeia Nursing Bottle Company	153

Iodine Educational Bureau, Inc.	153
---------------------------------	-----

Johnson & Johnson	7, 96, 135
-------------------	------------

Knox Gelatine	139
Kress & Owen Co.	116

Leeming, Thos. & Co., Inc.	132
Lever Brothers Co.	13, 141

22
82
22
5
94
26
45
9
107
87
159
25
105
30
103
82
133

**For the
head-cold patient
who won't go to bed**



29
152
104
151
23
99
138
115
149
108

Every practitioner has them
—patients who are coming
down with colds, but who refuse
to go to bed.

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146
154
31
111

While Benzedrine Inhaler cannot
be expected to cure these diffi-
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them marked comfort. Its vapor,
diffusing throughout the upper
respiratory tract, rapidly relieves
congestion and thus promotes ven-
tilation and drainage.

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148
98
147
118
123
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of atomizers, droppers and tampons.*

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A volatile vasoconstrictor

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Each tube is packed with amphetamine, S.K.F., 325
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Schanberg, J. F.; Brown, Herman, and Harkins, M. J.: The Chemotherapy of Ringworm Infection, Preliminary Report, Arch. Derm. & Syph. 24:1033, Dec., 1931.

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YOU JUST CAN'T WAIT FOR YOUR

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McNeil Laboratories, Inc.	143
MacGregor Instrument Companies	34
Medicone Company	76
Merrell Co., Wm. S.	14, 74, 85, 134
Morris & Co., Ltd., Inc.	Philip 101

National Biscuit Company	137
National Carbon Co., Inc.	72, 73
National Drug Co.	119
Norwich Pharmacal Co.	18
Numotizing, Inc.	110
Nutrition Research Laboratories	33, 80, 81

Ocay Crystine Laboratories	126
Ortho Products	160

Parker-Herbex Corp.	114
Patch Co., E. L.	122
Patterson Screen Co.	21
Pelton & Crane Co.	90
Penick & Ford Ltd., Inc.	70
Perry Printing Company	120
Pineoleum Co.	156
Phillips Chemical Co., Chas. H.	127
Procter & Gamble Co.	Back cover
Professional Printing Company	140

Ralston-Purina Co.	20
Reed & Carnrick	19
Resinol Chemical Co.	100
Reynolds Tobacco Company	129
Riedel & Co., Inc.	28

Sarnay Products, Inc.	17
Schering & Glatz, Inc.	4
Scholl Mfg. Co., Inc.	112
Searle & Co., G. D.	95
Sharp & Dohme, Inc.	121
Shield Laboratories	12
Sklar Mfg. Co., J.	144
S. M. A. Corporation	Inside front cover
Smith Co., Martin H.	16, 102
Smith, Kline & French Laboratories	15, 78, 157

Standard Brands, Inc.	125
Stearns & Co., Frederick	92

Tailby-Nason Co.	129
Takamine Laboratory, Inc.	28
Trimble, Inc.	158

United Drug Co.	91
-----------------	----

Van Patten Pharmaceutical Co.	69
-------------------------------	----

Walker Co., Inc., Myron L.	8
White Laboratories, Inc.	2, 88, 131
White Rock Uniform Co.	18
Whittaker Laboratories, Inc.	124
Wilmot Castle Co.	152
Wine Advisory Board	10
Wisconsin Alumni Research Foundation	155
Wyeth & Brother, Inc., John	14, 66, 118, Inside back cover

Young & Co., F. E.	93
--------------------	----

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Help keep him
on the job—

less troubled by

ECZEMA PSORIASIS

and other skin disorders

The burden of the patient with eczema, psoriasis or other skin disorders is not an easy one to bear. His mind is apt to be as much on his discomfort as on his daily work.

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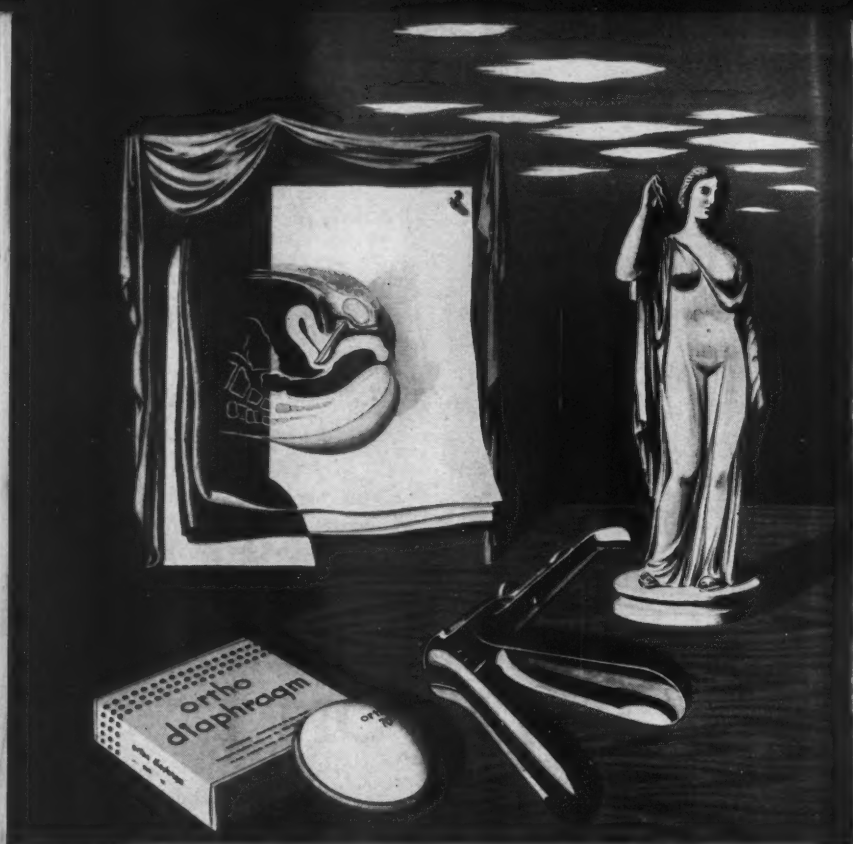
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Announcing
a supplemental aluminum therapy

Phosphaljel^{*}

WYETH'S ALUMINUM PHOSPHATE GEL

Aluminum hydroxide gel is accepted therapy in the management of peptic ulcer . . . Its impressive record of effectiveness suggested the development of an alternate aluminum preparation to meet particular requirements in certain cases.

Phosphaljel, Wyeth's Aluminum Phosphate Gel, was originated by Wyeth and was used experimentally in the first successful attempt to prevent postoperative jejunal ulcer in Mann-Williamson dogs. Some animals were allowed to develop Mann-Williamson ulcers and the effectiveness of Phosphaljel was further demonstrated when its administration was followed by prompt healing of these lesions in every case.¹

The suggested dosage of Phosphaljel is one, or occasionally, two tablespoonfuls every two hours during the active stage of the ulcer. Later in the course of management, three tablespoonfuls with meals

In man, Phosphaljel was found to be most effective in peptic ulcer following gastrectomy, a condition which appears to be analogous to the Mann-Williamson ulcer in dogs.¹

These results suggest that Phosphaljel is indicated in those cases of peptic ulcer associated with a relative or absolute deficiency of pancreatic juice, diarrhea or a low phosphorus diet.

and at bedtime or two tablespoonfuls six times daily with or between meals is recommended. Wyeth's Aluminum Phosphate Gel is supplied in twelve fluid ounce bottles and is available at all pharmacies.

¹Fauley, G. B.; Freeman, S.; Ivy, A. C.; Atkinson, A. J., and Wigodsky, H. S.: *Aluminum Phosphate in the Therapy of Peptic Ulcer*, Arch. Int. Med. 67: 563-578 (March) 1941.



PHOSPHALJEL

Wyeth's Aluminum Phosphate Gel

^{*}Reg. U. S. Pat. Off.

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